

462  
CITY OF SHEFFIELD  
EDUCATION COMMITTEE

# SCHOOL HEALTH SERVICE

## REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER,

LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.

FOR THE YEAR ENDED 31<sup>ST</sup> DECEMBER, 1962

[FIFTY-FIFTH YEAR]



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EDUCATION COMMITTEE

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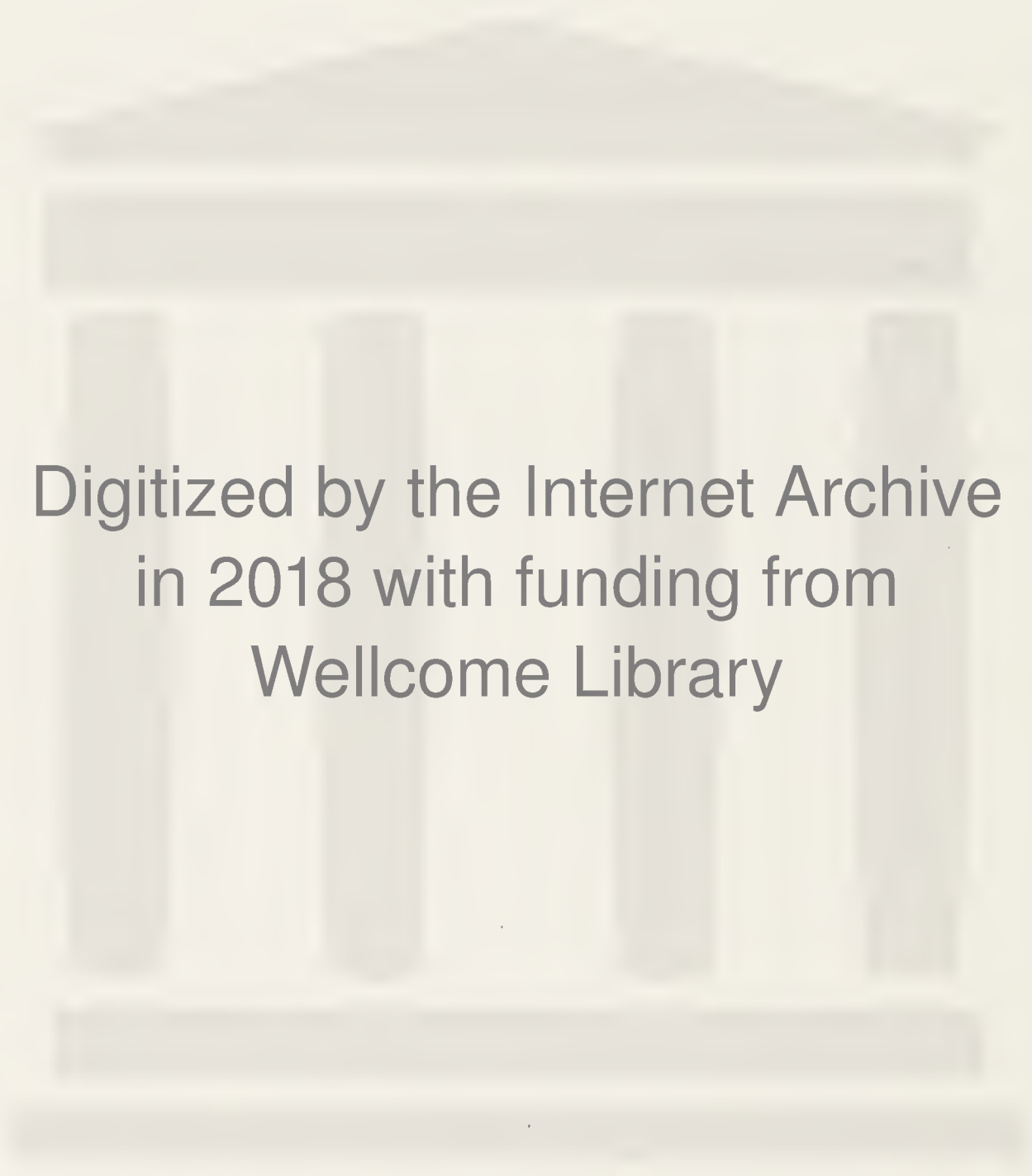
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(† *Deceased, 10th May, 1963*)

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Mrs. NANCY J. JOHNSON, S.R.N., S.C.M., H.V.Cert. (to 3-10-62)	Miss SYLVIA M. WILLIAMSON, S.R.N., C.M.B. (Part.I), H.V.Cert. (from 14-5-62)
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(Seven Vacancies for School Dental Officers)

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(VACANCY)

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(Vacancy for Apprentice)

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### **Administrative Assistant**

WILLIAM F. HERN

**SCHOOL HEALTH SERVICE, Central Clinic, 7, Leopold Street, Sheffield, 1.**

(Telephone 26341).

(NOTE : \*Denotes part-time Officer. †Denotes appointment by arrangement with the Regional Hospital Board).



TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE :

I again have the honour to present a Report on the work of the School Health Service for the year which ended on the 31st December, 1962. As may be expected in a long-established service, there are no spectacular developments to record, but there can be few children who have not benefited in some way from the activities of doctors, nurses and administrative staff engaged in the service. It is the close association of the School Health Service with the teachers which enables a ' watching brief ' to be maintained over the health of the children and, despite the development of the National Health Service, there are still many ways in which the Education Service can contribute to the well-being of the school population.

I have been looking through some of the comments on the revised system of periodic health inspection and, though views may vary, one senses that the teachers are finding it difficult to be as helpful as they would like because the examination is carried out during the first year the children are at a secondary school. However keen and interested the teaching staff may be in the welfare of the children, it takes some time to get to know the idiosyncracies of every child, and in this respect it might be better if we reverted to the system that existed a few years ago when the ' intermediate ' medical inspection was carried out during the last year of primary school. On the other hand there is much to be said for building on relationships already established, and there is no reason why pupils of secondary school age who are passed over initially should not be brought to the medical officer's attention at any subsequent visit to the school. I feel sure that all the experience to date tends to confirm that the selective form of health inspection is worth continuing and we are safe in relying more (rather than less) on the knowledge and experience of the teachers.

It would be invidious to single out any particular professional group within the School Health Service, but I am well aware of the sterling work carried out by the School Medical Officers. For a number of years I have invited them to comment on various aspects of their work. It has rarely been possible to give the reports in full, and isolated remarks, particularly when removed from the original context, give a misleading impression of their overall views. Some extracts, however, are presented on page 17 and

I would particularly refer to the account on a survey of foot defects. Hallux valgus, which is the usual cause of bunions in adult life, normally develops in adolescence and sometimes earlier in school life. Undoubtedly some children are more prone to develop the condition than others, but the most important single factor in determining whether the foot becomes deformed is unsuitable footwear. Orthopædic surgeons have, for a long time, been bemoaning the vagaries of fashion which the female members of the tribe seem to follow blindly, regardless of the retribution to be exacted in later life. This attitude is not so different from that of young people to cigarette smoking. Nearly everyone knows of the long-term dangers but few desist from following the accepted 'norm' of the set.

A pleasing development has been the opening of the Chaucer School Clinic in May, 1962, which has been designed on the same lines as other school clinics built since the war and which have proved operationally very successful. I would also like to acknowledge the value of the clinic facilities provided for maternity and child welfare services in the Parson Cross area. I hope that in due course clinics designed primarily for the Health Services will also be able to offer facilities to school children in areas inadequately served at present, or where existing school clinics may no longer be available as a result of the steady redevelopment of the older parts of the City.

Another important development during the year was the opening of the Chantrey and Oakes Park Schools. The good work which has been carried out at Mayfield and Arbourthorne Schools for physically handicapped children will continue under better surroundings at Oakes Park. Chantrey School has been specifically designed for the education of children with more severe forms of cerebral palsy and treatment facilities available at the school include speech therapy and physiotherapy. As the majority of places are residential, this will enable the school to cater for a considerably wider area than Sheffield itself. Much discussion has taken place as to the relative merits of educating 'spastic' children in specialised schools as opposed to schools planned for handicapped pupils in general, and undoubtedly much remains to be learned regarding the best methods of treatment—both medical and educational—of this group of severely handicapped children. The United Sheffield Hospitals pioneered an interesting scheme at Ryegate for the assessment, treatment and training of young children with cerebral palsy, and I am sure that the school will be able to benefit from the experience gained, as both the orthopædic surgeon and pædiatrician at this Centre visit Chantrey School regularly.

The Chief Medical Officer of the Ministry of Education refers in his Annual Report to the research carried out in schools throughout the country. A great deal of this has been achieved in national schemes through the



co-operation of Local Education Authorities but school medical officers themselves have many opportunities to make valuable observations. The schools have played a useful part in furthering the research in bronchitis, originally undertaken by Dr. Clifton when she was with the Atmospheric Research Unit of the M.R.C. based in Sheffield. Subsequently, further studies have been carried out in association with the Department of Preventive Medicine and Public Health of the University of Sheffield. This work is being continued and extended. It is still uncertain whether bronchitis in children, which is a fairly common condition, predisposes to the more serious condition of chronic bronchitis in adult life. It has been noted, however, that children with a productive cough have a reduced lung efficiency and that the condition is more common in families where one of the parents suffers from bronchitis. Dr. Hobson when he was at the Virus Research Laboratory at Lodge Moor Hospital instigated, with the co-operation of the general practitioners, an investigation into coryza among children and he visited a number of schools to obtain specimens. In research of this nature it is only by patient and systematic plodding that answers may be discovered to important questions in preventive medicine.

The problem of squints is not a new one but I have little doubt that sight is sometimes lost in the squinting eye because of failure to recognise the condition at an early age or because parents do not fully understand that treatment must be persisted in. This is a task for both child welfare and school health services. To some extent the condition runs in families and whenever a case of squint is noticed in a family, whether in parents or child, it is essential that everyone should keep a watch for the young child that is also developing a squint. There is still some lack of appreciation that squint requires early treatment and to rely on children 'growing out of it' is inviting disaster.

The outbreak of tuberculosis (p. 39) at a secondary school is disappointing considering the extensive measures which are taken to safeguard the health of school children. Despite very thorough investigations among children and staff, the cause of this outbreak is not known with certainty, though it appears that the initial case was an adolescent girl who developed tuberculosis in an infectious form. It may be relevant to comment here on the fact that during the school year 1962-3 the initial step was taken to reduce the age of B.C.G. vaccination from 13 to 11. Although the decision was taken before the outbreak, it is hoped that this measure when carried out will prevent, or at least minimize, risks of this kind. When B.C.G. vaccination was introduced, it was laid down that it should be offered to the 13-year-old group for the primary purpose of protecting children after they left school and came into contact for the first time with adult workers

in industry. It was later shown that B.C.G. vaccination remained effective for longer than was originally believed, and that it was worthwhile lowering the age of vaccination so as to protect young people not only at work but throughout their remaining years at school.

Only one case of poliomyelitis occurred in a child of school age and this was at the very beginning of the year. The corresponding figure for 1961 was 14, but there is considerable fluctuation from year to year ; for example in the previous five years the total cases in school children only amounted to nine. On the other hand the number of cases during the period 1953-56 was ninety-two, and there seems little doubt that the general downward trend is associated with the high degree of protection achieved among school children through the various forms of vaccination. I am not sure that finality has been reached as regards the optimum method of vaccination but we have certainly no reason to doubt the efficacy of oral vaccine and, of course, the administration is much more pleasant for the recipient. I should particularly like to draw attention to the work of the school nursing sisters (p. 45) who played an important part in the Poliomyelitis Campaign in 1962.

The smallpox vaccination figures reflect the public alarm associated with outbreaks at Bradford and South Wales. The Ministry of Health has drawn attention to the desirability of following a systematic programme of immunisation so as to avoid the chaos that is apt to follow in the wake of scare headlines. Unfortunately, for the past century smallpox vaccination has been bedevilled by controversy which flares up from time to time. Children are preferably vaccinated in the second year of life and one would not recommend children of school age to be vaccinated for the first time unless they were known to be at special risk. On the other hand there is every advantage in periodic re-vaccination of school children who received primary vaccination in infancy.

The Report of the Principal School Dental Officer makes no attempt to gloss over the seriousness of the general position, both as regards the condition of children's teeth and in particular the low ebb of the School Dental Service. There is a great need for increased recruitment of dental officers and the paramount need is to increase the pool of practising dentists. A recent experiment has been the establishing of a training course for dental auxiliaries, and a student from the first year's course has, on qualification, found employment in the Sheffield service. Dental auxiliaries must work under supervision of a dental surgeon and this requirement limits the number of such workers and also provides problems as regards clinics which are only equipped with one surgery. At the request of the Ministry of Health, the



Authority has embarked on a scheme of dental health education. No one can say at the moment whether we shall be able to modify children's habits as regards cleaning of teeth or avoidance of sweets and biscuits before retiring to bed. There is good evidence that dental caries is associated with fermentation of particles of carbohydrates sticking to the teeth and, during the war years when there was a general shortage of sweetmeats, the reduction of dental caries was conspicuous. The third prong to an attack on dental ill-health is through the medium of fluoridation of water supplies, the value and safety of which has been demonstrated throughout the world.

By itself the School Health Service can do little and depends a great deal on the goodwill of teachers on the one hand and, on the other, on consultants and general practitioners, each of whom has an important part to play in the development of the child. I am very appreciative of all the help received, and, I believe, also given by the School Health Service, which has contributed to the goal towards which I am sure everyone is working—the raising of a generation that is able to enter adult life adequately prepared, both mentally and physically, and without hindrance from disabilities which might have been prevented. Finally it is my pleasant duty to express thanks to the Chairman and Members of the Child Welfare Sub-Committee whose knowledge and experience make it possible for them to appreciate the trends in the School Health Service against the background of a constantly developing educational service.

LLYWELYN ROBERTS,  
Principal School Medical Officer.

## CITY OF SHEFFIELD

### GENERAL INFORMATION

Population (as estimated mid-1962)	..	..	..	..	495,240
Area .. .. .	..	..	..	..	39,598 acres
Density of population	..	..	..	..	12·51 persons per acre
Rateable Value at 31st March, 1962	..	..	..	..	£6,906,685
Rate levied for Education, year ended 31st March, 1962	..				263·22d.
Penny Rate Product, year ended 31st March, 1962	..	..			£28,123
Primary and Secondary Schools (including Nursery Schools)—					
Number of schools	..	..	..	..	225
Number on rolls	..	..	..	..	68,270
Special Schools—					
Number of schools	..	..	..	..	16
Number on rolls	..	..	..	..	1,364

## MEDICAL EXAMINATIONS

*“ Oh, let us never doubt what nobody is sure about ! ”*

Hilaire Belloc, “ The Microbe ”.

### PERIODIC HEALTH INSPECTION

The medical inspection of all children aged 11 years (the ‘ intermediate ’ group) was replaced by the ‘ selective ’ method at the beginning of the year. Some school medical officers had found sessions of routine examination of healthy children uninteresting and unrewarding, and the Committee agreed that it would be desirable to concentrate on selected cases, giving more time to each child. A scheme has been introduced for the medical officer and nursing sister to visit the school each term in order to discuss with the head teacher and possibly other teachers any child who has been causing them concern ; and then to send a letter asking the parent to be present at a school medical examination.

While the revised arrangements appear to throw extra responsibility on the teachers, in practice this will not be likely to be the case, except insofar as it may encourage them to keep a look-out for the child that is not really well, which indeed they have always done. More frequent visiting by the school medical officer should foster a team approach and, on balance, cause less disruption of work, for fewer children will be examined.

It has been suggested that parents are so accustomed to the routine “ intermediate ” examination that they may wait for it to discuss any problem, even though they know they can always see the school medical officer at the branch clinic. Accordingly it has been decided during the year 1963 to take 8 schools which form a cross section of the secondary school population and write to all parents of the 11-year-old children, asking if they have any special reason for wishing their child to be medically examined. The response should help in evaluating the best method of exercising some form of selection.

The following points taken from reports of school medical officers indicate the range of views expressed on the ‘ selective ’ method :—

One doctor remarks that the teachers are in favour of the time saved by not examining all pupils, and are most co-operative in putting forward any children they have noticed as not being fully well. It has been found that in general these children are already ‘ on observation,’ either in school or at the clinic, but even so the medical officer has come across children who could be helped.

Another doctor has stated that at one school the teachers have little information to give regarding the special cases. This was thought to be because no one teacher saw the children for more than two or three hours a week. The feeling was that some child may have been missed.



A third comment was that adequate writing space is necessary, as more documents and reports are used than at the ordinary periodic health inspection.

The school medical officers will, of course, continue their practice of following up children already noted to have defects and of seeing any other child at the request of the head teacher. The annual visits to the junior schools will also continue as before. It should also be borne in mind that vision is tested periodically by the school nursing sisters (see page 45).

The periodic health inspection for 'entrants' and 'leavers' continues as in previous years. Where considered necessary in the case of school leavers, reports are sent to the Youth Employment Bureau drawing attention to employments which should be avoided; copies are also sent to general practitioners, together with relevant medical details (see page 18).

The number examined at periodic health inspections was :—

Entrants (those born 1956 and later)	..	..	7,041
Leavers (those born 1948 and earlier)	..	..	7,335
			<hr/>
			14,376
			<hr/>

1,851 (3,012\*) pupils were found to require treatment for various defects (excluding those of nutrition, uncleanness and dental disease), or 12·9 per cent of those inspected. 3,561 (4,129\*) pupils were referred for observation at subsequent periodic health inspections.

(\* 1961 figures)

#### SPECIAL EXAMINATIONS

Of the 'intermediate' age group of pupils, 1,353 were selected for special examination, when 1,516 defects were found, of which 659 (48·7 per cent) required treatment and 857 (51·3 per cent) observation.

1,570 (574\*) other pupils in infant, junior and secondary schools were also specially examined and 1,236 defects were found, 504 of them requiring treatment and 732 observation.

4,897 (5,370\*) pupils who had been referred for observation at previous periodic health inspections were re-examined.

(\* 1961 figures)

#### INSPECTION AND MINOR AILMENTS CLINICS

During the year, 15,950 children made 27,758 attendances at these Clinics, which are held in 13 areas of the City. Details of the defects treated at the respective clinics are given on pages 66 and 67.



CLEANLINESS

“ Scabby heads love not the comb.”  
Thomas Fuller, “ Gnomologia ”.

The figures obtained at the periodic health inspections are given below, but it should be remembered that, under the altered system, the figures for 1962 relate to ‘ entrants ’ and ‘ leavers ’ only. The results of the Cleanliness Survey carried out by the School Nursing Sisters in all schools are given on page 44:—

Cleanliness of Head

				CLEAN	INFECTED				
				per cent.	per cent.	HAIR			
Boys ..	1945	..	..	97·04	2·96	(Nits	2·81	Lice	·15)
	1959	..	..	99·59	·41	( „	·39	„	·02)
	1960	..	..	99·56	·44	( „	·43	„	·01)
	1961	..	..	99·41	·59	( „	·58	„	·01)
	1962	..	..	99·58	·42	( „	·4	„	·02)
Girls ..	1945	..	..	83·24	16·76	( „	15·83	„	·93)
	1959	..	..	98·05	1·95	( „	1·92	„	·03)
	1960	..	..	98·46	1·54	( „	1·54	„	—)
	1961	..	..	97·04	2·96	( „	2·95	„	·01)
	1962	..	..	98·12	1·88	( „	1·8	„	·08)

Cleanliness of Body

				CLEAN	DIRTY	BODY LICE
				per cent.	per cent.	per cent.
Boys ..	1945	..	..	99·56	·41	·03
	1959	..	..	99·98	·02	—
	1960	..	..	99·98	·02	—
	1961	..	..	99·87	·13	—
	1962	..	..	99·99	·01	—
Girls ..	1945	..	..	99·65	·30	·05
	1959	..	..	99·98	·02	—
	1960	..	..	99·98	·02	—
	1961	..	..	99·98	·02	—
	1962	..	..	100·00	—	—

GENERAL CONDITION

This classification, though primarily concerned with physical fitness, also includes poise and general demeanour. The percentages found at periodic health inspections to be unsatisfactory were, boys ·05%, and girls, ·01%. malnutrition through lack of food is rare. Figures for heights and weights are given in tables on pages 69 to 73.

The Survey in connection with trends of growth among school children, which is sponsored by the Ministry of Health and commenced in January, 1961, for a five year period, is being carried out according to schedule. Briefly the aim is to compare the height and weight of only children and pupils who have three or more siblings of school, or pre-school, age. The collection of data in various parts of the country over a five-year period should provide a useful pointer to the adequacy of nutrition in all sections of the child community.

EYE DEFECTS

The number of children found to have defective vision at the periodic health inspections (‘ entrants ’ and ‘ leavers ’ only) are detailed below :—

				Number examined	Defective vision
Boys	..	..	..	7,177	821 (11·44%)
Girls	..	..	..	6,412	746 (11·63%)

Visual Acuity

Apart from periodic health inspection, the vision of children aged 7, 9 and 13 is tested by the school nursing sisters. In effect, this means that the children’s vision is tested every other year as a matter of routine. The school nursing sisters referred 470 (443\*) children to the medical officers at the clinics ; of these, 307 (251\*) were found to require examination by the ophthalmologist and 145 (149\*) were kept under observation. No treatment was found to be necessary in 14 (35\*) cases ; the parents of 4 (8\*) children elected to have treatment through their general practitioners.

(\* 1961 figures)

SCHOOL BUILDINGS

New schools completed during the year are St. Paul’s R.C. Secondary School, Oakes Park School for Physically Handicapped Children and Chantrey School for Cerebral Palsied Children. Chaucer Clinic was also completed and opened during the year.

Minor improvements were completed at Nether Green, Springfield and Crookesmoor Junior and Infants’ Schools, the School for Blind Children and the Maud Maxfield School for the Deaf.

## REPORTS FROM SCHOOL MEDICAL OFFICERS

*“ The injuries that they themselves procure must be their schoolmasters.”*

Shakespeare, “ King Lear ”, II, 4.

In the course of the work of the school medical officers, different aspects emerge, which are reflected in the following precis from reports received :—

The general health remains good and there is no marked change from previous years. There have been no large scale epidemics.

Obesity still appears to be problem amongst adolescents, some of whom will accept treatment whilst others will not. One medical officer commented on the apparent increase of congenital abnormalities (see page 55, handicapped pupils).

One school medical officer in the summer of 1962 conducted a short survey of footwear. In all, 221 children were seen and of these 124 (56%) showed some variation from an ideal state. These variations were assessed as follows :—

Disrepair, 37 (16·8%). Of these, 17 were so bad that considerable amounts of sock could be seen through holes.

Use of plimsolls or ‘ sneakers ’ as permanent footwear all day and in all weathers, 27 (12·2%).

Footwear too small, 21 (9·5%). Very frequently this was checked by measuring the length of foot on a strip of stiff paper. Had all been measured by a foot gauge, this figure would probably have been higher.

Shoes made wholly of moulded plastic apart from buckles or laces, 13 (5·8%).

26 (11·8%) were considered unsuitable for other reasons ; the most common being very narrow ‘ winklepickers ’ causing lateral compression of the toes, but it includes hand-me-downs from mother, or older siblings, which did not fit or were of obviously wrong styling. An almost universal lack of polish was noted but not recorded.

Another disturbing element was the increasing number of cases of otitis media being brought to the clinic days after the onset of a gross purulent discharge. Other children may be brought (or sent) with acute illnesses such as tonsillitis, etc. When parents recognise and utilise the excellent family doctor and hospital services for these conditions as and when they arise, then may we see a reduction in morbidity from such causes.

Throughout the year increasing attention has been given to children showing abnormal behaviour patterns which are not so serious as to require attendance at the Child Guidance Centre. It is too early to assess this work yet, but we hope to detect potential problems early and then to assist their resolution.

Liaison with head teachers, especially in those schools where selective examinations are carried out, was excellent and to our mutual advantage.



## CO-OPERATION WITH OTHER BODIES

*“ Behold, how good and how pleasant it is for brethren to dwell together in unity.”*  
Psalms, 133, 1.

### NATIONAL HEALTH SERVICE

Details of the specialist clinics arranged in co-operation with the Regional Hospital Board are given elsewhere. Liaison with the hospitals and general practitioners is maintained by letters and personal discussions. Conditions reported to the general practitioners following the medical examination of school leavers are as follows :—

DEFECTS	NO. OF CHILDREN
Defective vision .. .. .	112
Defective colour vision .. .. .	123
Other abnormalities of the eyes .. .. .	6
Otitis media .. .. .	11
Deafness .. .. .	27
Other E.N.T. conditions .. .. .	20
Chest conditions .. .. .	35
Debility .. .. .	5
Speech defects .. .. .	2
Migraine .. .. .	2
Heart conditions .. .. .	13
Epilepsy .. .. .	12
Obesity .. .. .	5
Rheumatism .. .. .	8
Skin conditions .. .. .	5
Nephritis .. .. .	3
Diabetes .. .. .	1
Orthopædic lesions .. .. .	41
Central nerve lesions .. .. .	19
Other conditions .. .. .	37
	<hr/> 487 <hr/>

This represent 6·6% of the school leavers, as compared with 8·3% in the previous year.

### PARENTS, TEACHERS, EDUCATION WELFARE OFFICERS AND OTHERS

At the periodic health inspections, 8,121 (10,538\*) parents attended with their children. This is equivalent to 52·2 (48·1\*) per cent attendances with boys and 61·1 (58·5\*) per cent with girls.

(\* 1961 figures)

An effective school health service could not be provided without the willing co-operation of teachers, inspectors and education welfare officers. Thanks are also extended to the Children's Officer and his staff, probation



officers, general practitioners, medical officers at the hospitals, the National Society for the Prevention of Cruelty to Children, the Cripples' Aid Association, the Council of Social Service and—not least—the parents themselves for all their valuable help.

Also, thanks must be given to the local press for the realistic and sympathetic approach which is given to all matters concerning the School Health Service.

Once more the Sheffield School Children's Holiday Association, supported by the Sheffield School Teachers, made full use of the Fairthorne Convalescent Home. During the period 5th March to 21st December, when the house was open, 77 boys and 88 girls were there for convalescent treatment. In addition to this, 56 children selected by the teachers went there during the summer vacation. Most of these were children who would not otherwise have gone away from home for a holiday. Prior to admission, each child was examined by a school medical officer and passed as free from infection and suitable.

The Senior School Medical Officer continues to serve on the Council of the School Health Service Group of the Society of Medical Officers of Health.

#### RESEARCH

Under the guidance of Professor J. Knowelden of the Department of Preventive Medicine and Public Health, research is being continued into respiratory diseases of childhood. Commenced in 1956 under the ægis of the Medical Research Council Group for epidemiological research on respiratory diseases, the survey was designed to discover to what extent five-year-old children might provide an indication of the effects of air pollution on respiratory health. Three areas of Sheffield were selected—industrial, old residential and new estates. These children, who are now in their final year at the primary schools, were re-examined by Dr. M. H. Wahdan, assisted by Dr. J. Sarginson. Dr. Wahdan aims to compare the prevalence of upper and lower respiratory diseases in the school children living in the urban Sheffield environment with that of children of the same age in a rural area—the vale of Glamorgan.

Dr. D. Hobson while at Lodge Moor Hospital Virus Research Laboratory carried out an investigation into mild upper-respiratory tract infections, particularly coryza, to determine whether any of these trivial but repetitive episodes might be explained by infection with the group of rhinoviruses often associated with the common cold in adults. A number of schools were visited and the results provided further evidence that these viruses are not implicated as a common cause of childhood infections.

## OPHTHALMIC TREATMENT

*“ One man does not see everything.”*

Euripides, “ Phænissæ ”

Mr. M. Ferguson, the Ophthalmologist, contributes the following :—

“ There has been no decrease in incidence of the visual defects, now that the bacterial causes have almost been eliminated. If any decrease is to be expected investigation into the constitutional causes, admittedly a very vague line in our state of knowledge, seems to be indicated.

For instance one person may become short sighted and require glasses, yet in another the optical system of the eye may compensate for this, and no glasses are required.

Consanguinity, the relationship by blood, is not uncommon in eye defects, illustrated by such conditions as squint and short sightedness and, as a corollary, it is thought that many unknown causes of eye disease resulting in serious defective vision are hereditary in origin.

One must think in terms of families and, although there may be no obvious evidence of heredity in live relatives, the possibility of ‘ skipped ’ generations must be borne in mind.

Again too, eyes may be normal at birth, but for some unknown ‘ constitutional ’ cause there is a breakdown in function.

Total numbers of serious defects in both eyes, under this clinic or in special schools, 115. Breaking down these numbers :—

Congenital, hereditary and developmental defects, which in our present state of knowledge we are unable to prevent, 78.

There remain 37 cases, the cause of which is known, many of which are or may soon become preventable. Retrolental fibroplasia, a condition occurring soon after birth, accounted for 25 of these, while the remainder were miscellaneous cases, such as injury or illness.”

### *Spectacles*

There were 2,852 pairs of spectacles prescribed. In addition, 12 repeat prescriptions were issued.

Summary of Work

	Cases	Attendances
Errors of refraction :—		
Hypermetropia and hypermetropic astigmatism	998	1,041
Myopia and myopic astigmatism .. ..	1,426	1,473
Mixed astigmatism .. .. .	138	147
Anisometropia .. .. .	178	185
Congenital defects .. .. .	161	176
Inflammatory conditions .. .. .	13	21
Injuries .. .. .	13	16
Squint :—		
Strabismus, convergent .. .. .	185	306
Strabismus, divergent .. .. .	26	29
Phoria .. .. .	12	12
No apparent defect .. .. .	100	103
	<u>3,250</u>	<u>3,509</u>
Glasses prescribed .. .. .	2,852	
Replacements and repeat prescriptions ..	37	
Referred to orthoptists .. .. .	208	
Referred to school medical officers for treatment	17	
Treated otherwise .. .. .	12	
Under observation .. .. .	485	
Not seen this year .. .. .	1,131	
New cases seen in 1961 .. .. .	1,252	

ORTHOPTIC TREATMENT

At the beginning of the year, the cases outstanding from 1961 numbered 511. Of the 208 children referred during 1962, 201 became registered patients, the total attendances made by all cases being 2,085. 122 cases were discharged during the year, leaving 590 cases still open at the end of the year.

The details of the discharges are as follows :—

After investigation, found to be unsuitable for treatment ..	4
Cured .. .. .	38
Cosmetically satisfactory .. .. .	14
Left district or transferred .. .. .	22
Failed to attend .. .. .	34
Treatment refused .. .. .	8
No apparent defect .. .. .	2
	<u>122</u>



## EAR, NOSE AND THROAT DEFECTS

*“What a strange infection is fallen into thine ear’.”*

Shakespeare, “Cymbeline,” III, 2.

As before, Mr. R. E. Peasegood, the Aural Surgeon, attended the Central Clinic for one session each week to see cases referred to him by the school medical officers. Dr. E. M. Swallow, the School Medical Officer in charge of the Clinic for the young deaf child and the school for the deaf, attended with Mr. Peasegood. Through arrangements made by the Senior School Medical Officer, speech therapists also have the opportunity of discussing cases in which they are interested.

The total number of children seen during the year was 452 (407\*) and of those 330 (329\*) were new cases. The children made 572 (573\*) attendances. The total number of operations performed was 245 (245\*), 215 (177\*) being for tonsils and adenoids only.

(\* 1961 figures)

In addition, the hospitals have supplied their figures for operations for tonsils and adenoids :—

Royal Infirmary .. .. .	68
Royal Hospital .. .. .	365
Children's Hospital .. .. .	174
Tonsillectomy Unit .. .. .	804
	<hr/>
	1,411
	<hr/>

The following table gives an analysis of the reasons for attendance at the clinic :—

Tonsils and adenoids .. .. .	226
Tonsils .. .. .	25
Adenoids .. .. .	16
Otitis media .. .. .	30
Deafness .. .. .	101
Other conditions .. .. .	28
Consultation—no treatment advised at present .. .. .	26
	<hr/>
	452
	<hr/>

**Dr. Swallow reports :—**

### “PRE-SCHOOL HEARING ASSESSMENT AND AUDITORY TRAINING CLINIC

This clinic continues to see children from the age of 6 months upwards from Sheffield and adjacent areas of Derbyshire and the West Riding, in order to assess precisely the amount of hearing they may have, and where special treatment is required, to develop to the full the use of residual hearing



in those cases where auditory training at the clinic is appropriate, or to recommend a suitable type of education in special schools for the deaf, where this is considered advisable. To assist in the work of assessment, a wide range of equipment has been provided.

Statistics regarding the year's work are given below :—

Cases under review at beginning of year	..	..	..	12	
Referred during the year	..	..	..	36	
				—	<u>48</u>
Admitted to Maud Maxfield School Nursery	..	..	..	8	
Admitted to Residential School for the Deaf	..	..	..	1	
Referred to aural surgeon and awaiting removal of tonsils and adenoids	..	..	..	2	
Referred to local authority with appropriate recommendation				1	
Receiving auditory training	..	..	..	7	
Hearing found on examination to be satisfactory	..	..		20	
Still under review at end of year	..	..	..	9	
				—	<u>48</u> ''

**PARTIALLY HEARING UNIT AT HUNTER'S BAR SCHOOL**

There is an increasing awareness throughout the country of the special needs of children with a severe hearing loss whose speech is intelligible but who, even with hearing aids, fail to make progress in an ordinary school. It is thought that, given special classroom facilities for lessons, these children can be helped to overcome their handicap and maintain their places in ordinary schools. There are now several such units attached to ordinary schools.

In September, a ' partially hearing ' unit was opened in Hunter's Bar Junior School, where a suitable classroom was prepared and equipped with the special group-training apparatus needed for teaching severely deaf children. There is accommodation for ten children and the unit is in the charge of a trained teacher of the deaf.

Before recommending transfer to the unit, each child's difficulties are discussed with his parents, head teacher and the otologist concerned, and the parents are invited to see the unit. This helps them to appreciate that although their child is being taught in a small group with the added advantage of amplified speech for lessons, he or she is still able to take part in all the normal school activities. The following case history is a typical picture of those admitted to the unit.

*Child aged eight* : There is a family history of deafness. An older brother is partially hearing but can manage in ordinary school with hearing aid. His twin brother has satisfactory hearing. Child was referred to school clinic by his head teacher for investigation. He was found to have a moderate degree of deafness in his right ear and to be severely deaf in his left ear. He was referred to an otologist who advised removal of his tonsils and adenoids. This was done and, as further audiograms taken some months later showed

no improvement in his hearing, the otologist ordered a hearing aid and tuition in lip reading. A ' progress ' report obtained from his school indicated that, in his teacher's opinion, his lack of hearing was a disability in class—" he looks around to see what others are doing in case he has not heard properly, and misses much of the children's conversation." His attainments were : reading age, 7·8 years ; arithmetic, 7 7/12 years ; chronological age, 8 5/12 years. It was decided with his parents' consent to transfer him to the ' partially hearing ' unit at Hunter's Bar, where he has settled in well. His mother has recently visited the clinic to express her satisfaction with his progress since the transfer.

Altogether, eight children have been placed with the unit since its formation. I would like to take this opportunity to thank Mr. Whittlestone, the Head Teacher at Hunter's Bar Junior School, for his help and for the great interest he has shown in the unit.

**AUDIOMETRIC SWEEP TESTING SEPTEMBER, 1961 TO JULY, 1962**

*Junior Schools*

A total number of 6,078 children throughout the city were tested in the age group 7—8 years, i.e., first years in the Junior School. 230 of these children failed to pass the test and were referred to either school clinics or general practitioners.

The parents of each child who was absent, or had wax in the ears or a cold in the head at the time the school was visited, was given an appointment to have the test done at a branch clinic.

*Special Schools*

All the special schools in the city were visited once during the year, and children in the appropriate age group were tested, as well as any others who appeared to have any difficulty in hearing.

*Infant Schools*

It is proposed to test a younger age group (6 to 7 years) in infant schools during 1963.

**PURE TONE AUDIOMETRIC TESTING, 1962**

This is carried out at the Central Clinic on children referred by school medical officers (from school or clinic), speech therapists, educational psychologists, head teachers, parents or school nursing sisters, general practitioners and other education authorities. When a case is prescribed a hearing aid by the otologist, instruction is given in lip-reading until the child is proficient and an annual re-test is made.

Statistics relative to the year's work are given below :—

New cases tested during the year	..	..	..	495
Re-tests during the year	..	..	..	332
Re-tests of previous year's cases	..	..	..	292
Children who failed at the Sweep Test	..	..	..	230
Total tested during the year				1,349."



## SPEECH THERAPY

*"His speech was like a tangled chain ; nothing impaired, but all disordered."*

Shakespeare, "A Midsummer Night's Dream," III, 2.

By Miss A. B. Chapman, L.C.S.T., Senior Speech Therapist :—

"Writing a report for 1962 is a happier task than that of a year ago, I am glad to say. This has certainly been an eventful year for the Speech Therapy Clinic, but on the whole a happy and encouraging one.

The New Year was given a good start by the arrival of Miss Johnson, as Speech Therapist, in January. In May we were joined by Mrs. Battye for three sessions each week. The appointment of a part-time Speech Therapist was a new departure for us, but it seems to have worked out well.

In September we welcomed Miss Henson and Miss James to our staff. Miss James was appointed primarily to work at the Chantry and Oakes Park Special Schools, but there is a close association between us, and she visits the clinic frequently.

The most important event of 1962 was the removal of the Speech Therapy Clinic to its present premises at Catch Bar Lane, Hillsborough. This was made necessary by the increased accommodation requirements of the Child Guidance Centre at Newbould Lane. Our present premises, though pleasant, are ideal neither in accommodation nor situation, but we look forward to the time when a permanent and more suitable home can be found.

The improvement in the staff position enabled a wider service to be resumed, and in addition to full-time attendance at the main clinic, we were able in May to arrange weekly sessions at Manor and Attercliffe Clinics. Since September we have held two sessions weekly at Manor Clinic, one each at Attercliffe and Greenhill, and three at the Child Guidance Centre, Newbould Lane.

The following figures need little comment but in comparison with those for 1961 there are a few apparent anomalies which should be explained. The hundred and twenty five cases closed during the year compare unfavourably with 1961 (179). This is due to two factors : firstly to the large proportion of recently-opened cases due to the increase in staff during 1962 ; and secondly to extreme staff shortage during part of 1961 leading to the premature closure of a number of cases during that year.

The apparent rise in the number of referrals (119 in 1961) gives a false impression, as the 1962 figure is around the average for the last few years, and has returned to the usual level after a drop in 1961.

It is hoped that this encouraging picture may continue, as only when we are approaching our full complement of five full-time speech therapists is it possible to maintain a satisfactory service to schools and clinics, parents and children.



## ANALYSIS OF WORK CARRIED OUT DURING 1962

Cases open on 1st January, 1962	..	..	..	..	158
Cases on waiting list 1st January, 1962	..	..	..	..	100
Cases referred during 1962	..	..	..	..	171
					<hr/>
					429
					<hr/>
Cases closed during 1962	..	..	..	..	125
Cases open on 31st December, 1962	..	..	..	..	274
Cases on waiting list 31st December, 1962	..	..	..	..	30
					<hr/>
					429
					<hr/>

## INTERVIEWS

Treatment interviews with children	..	..	..	..	3,302
Diagnostic interviews with children	..	..	..	..	216
Interviews with parents	..	..	..	..	565
Interviews with other members of School Health Service	..	..	..	..	207
Recall interviews after discharge	..	..	..	..	14
Visits made by speech therapists to schools, etc.	..	..	..	..	85

## CHILDREN REFERRED FOR SPECIAL FURTHER INVESTIGATION

To educational psychologist for mental assessment	..	..	..	..	31
For audiometer test	..	..	..	..	9
To Child Guidance Centre for opinion and treatment	..	..	..	..	4
To plastic surgeon	..	..	..	..	1

## REASONS FOR CLOSURE DURING 1962

### I. *Treatment Cases*

							A	B	C
*1.	Good result	..	..	..	..	..	4	—	22
2.	Maximum benefit	..	..	..	..	..	4	—	6
3.	Left school or district prior to completion of treatment	..	..	..	..	..	7	1	8
4.	Non-attendance	..	..	..	..	..	1	3	7
5.	Parents' request	..	..	..	..	..	4	—	4
6.	Parent or patient unco-operative	..	..	..	..	..	—	—	2
7.	Receiving treatment elsewhere	..	..	..	..	..	4	—	5
8.	Unsuitable for speech therapy	..	..	..	..	..	—	—	1
9.	Attendance not possible	..	..	..	..	..	1	—	3

A = Stammer ; B = Stammer + Speech Defect ; C = Speech Defect.

(\*All cases in this category are given a period of supervision prior to closure).

II.	<i>Observation Cases</i>				
	Treatment not indicated after supervision	..	..	..	16
	Treatment not indicated at preliminary interview	..	..		8
III.	Diagnostic interview not kept	..	..	..	8
IV.	Removed from waiting list—Case not opened	..	..	..	6
	Number of cases	..	..	..	399
	Number of attendances	..	..	..	4,304.”

## SCHOOL DENTAL SERVICE

*“ Better be obvious—tell them your tale.”*

Edward Kaulfuss, “The Poems of a Blind Man.”

E. Copestake, L.D.S., Principal School Dental Officer.

“ We should expect the small boy in school to be astonished at being told that the inside of an orange is completely black ; and he might add that only the little pips inside know the truth of that. The school dental service may be likened to the orange and it is the purpose of the annual report to cut into the structure and reveal the state of its inside. What we see is not black but grey and dismal, for the service cannot fulfil the purpose for which it is intended. A Parliamentary Estimates Committee has recently advised that a number of changes be made and that these would result in a more efficient control, but will children ever receive the dental treatment they need unless an all-out attempt is made to attract new recruits into the service ?

In November we suffered a loss, quite suddenly, by the death of Mr. A. E. Gisburn, the senior member of the staff. He had been in the Sheffield school dental service for 33 years, and had gained for himself an unassailable reputation for doing the right thing and doing it very thoroughly. He had an old-fashioned respect for authority and at the same time an extraordinary determination to oppose it, if for ethical or other proper reasons authority were considered to be wrong. This gained for him among his colleagues at work and his friends outside, a whole-hearted admiration and a constant demand for his services in several organisations. He had been Chairman of the Sheffield Section of the British Dental Association and a long-standing member of the Sheffield Local Dental Committee. In recent years, he had taken part in two dental research projects, one of which on ‘ The Topical Application of Sodium Fluoride to the Teeth ’ was undertaken on behalf of the Ministry of Education.

Miss A. M. Thoseby tendered her resignation in December and she will retire in February, 1963 after 32 years’ service. The qualified staff will then be reduced to four. What of the children of Sheffield for whom the Ministry of Education advised us in 1954 that between 18 and 25 dental officers should be employed if the service were to be considered satisfactory ?

### INSPECTION AND TREATMENT

Visits were made to 95 (99\*) school departments and 22,036 (23,001\*) children were examined. In addition, 3,799 (3,475\*) attended the dental clinics with toothache, for advice on treatment or were recalled by dental officers for conservative treatment as part of an attempt to give continuous

(\* 1961 figures)



regular treatment to children who ask for it and do not attend a school visited by dental staff. There are several schools which have not been visited for more than twelve years. The number of Sheffield children examined and treated this year was respectively 37% and 12% of the school population. The comparative figures for England and Wales were 53·6% and 17% for 1961. †

The system has been developed whereby each dentist offers treatment to the children in a group of schools limited to the number which can be offered treatment regularly and at least once each year. Local conditions, the ease of access of a clinic, the attractiveness of the building and its equipment, and the popularity of the dentist concerned have some bearing on individual figures. There was an average of 4,306 children examined per dental officer during the year and 1,414 children were treated. Whether these figures were too small or too large is a matter of opinion. It is illuminating to point out that Sir William Alexander, in evidence given to the Parliamentary Estimates Committee said, “ I do not want my dentist to cope with 3,000 patients if he is going to give me any time.” The number of children for whom each School Dental Officer in Sheffield had some responsibility in 1962 was approximately 12,000 and this will approach 18,000 in 1963 unless there is an increase in staff. Is it really possible for any dentist to provide anything like comprehensive treatment for so many children ?

It has been said on previous occasions that an increasing number of our patients are those who for various reasons cannot be treated profitably by practitioners in the National Health Services under the existing regulations. Treatment is paid for on a piece-work basis and dentists may be forgiven for selecting those patients who will provide them most easily with a comfortable remuneration. A class of patient only reluctantly treated by some practitioners are the physically and mentally handicapped children, and for them a special attempt has been made in the school service to provide regular and, so far as the condition of the patients admit, comprehensive treatment. With this in view, a small surgery was established this year in the Chantrey and the Oakes Park Schools for those with cerebral palsy and other physical handicaps. The usefulness of this step is reflected in the good response obtained from parents to the offer of dental treatment. Placing a dental surgery in any school, whether it be part of the school premises or a visiting mobile clinic, is a successful method of inducing children to accept treatment, for then the school dentist comes to be regarded as a member of the school staff and as such receives a full measure of co-operation from both teachers and parents.

(† latest national figures published)

Under the Education Act, the local authority is made responsible for providing comprehensive treatment for all whole-time students at maintained schools and colleges. Apart from 'bread and butter' extractions and fillings, this treatment is expected to include all necessary crowns, gold inlays, X-rays, dentures, minor oral surgery and orthodontic treatment. In a well-conducted service, these items would be properly dealt with by dentists given the opportunity of developing special skills and holding positions of special responsibility. This is analogous to the activities and duties of suitably-qualified teachers in the larger schools. There is of course no possibility in a grossly-understaffed service of giving comprehensive treatment, except as an ill-developed sideline. One could speculate on the possibilities of development offered side by side with the employment of dental auxiliary workers who are to carry out the more simple routine treatment. This would allow qualified staff to spend a proportion of their time on work of a special nature. The fact that circumstances limit the school dental officer to spending the whole of his time on unimaginative routine treatment is suggested as one of the worst features of the school service. It robs the work of the attractive features it would otherwise have to offer to new recruits seeking the opportunities of development and status which would ensure that he was received with respect by his colleagues, in hospital and private practice. The possibility of obtaining comprehensive treatment as a matter of course would add greatly to the attraction of the clinic as a treatment centre. We should like parents and children to be glad to visit a clinic, not use it as a last resort for the relief of pain. A full waiting room is never likely to be the experience of a dentist who has to send his patients away to get the treatment they want elsewhere. A shop run on similar lines would rapidly close its doors. Very great difficulty can be foreseen in winning back to those clinics which have been closed for some time enough patients to keep a dentist fully occupied. Many of the customers have learnt to shop elsewhere.

One cannot say without reservations that dental treatment is as popular as we should like it to be. Only 17% of the total school population of England and Wales were treated in the school dental service in 1961. Suggestions have come from several sources that "the school dental service is no longer necessary." Perhaps pupils could be given all the treatment they require in the general dental services, but the fact is that they are not, and the Ministry of Health has no means at its disposal of ensuring that private practitioners treat children. They may do so if they wish. In the evidence submitted to the Estimates Committee, it was suggested that 30% of the child population were in fact treated in 1961 by private practitioners. It must be concluded therefore that 53% of the children of England and Wales did not receive any treatment in 1961. It is supposed that every child leaving school should be dentally fit, trained in habits of oral hygiene and in making regular visits to the dentist. This ideal could only be approached with a fully-staffed school dental service.



DENTAL HEALTH EDUCATION

A pilot scheme in dental health education was launched in October in association with the Education and School Health Services of Rotherham, which is acting as a ‘ control ’ area. Three preliminary surveys were carried out in June and July. The information gathered will enable an assessment to be made of children’s attitudes to dental care, the knowledge and attitudes of their parents and of the cleanliness of children’s teeth and the health of the gum tissues. Schools were parcelled off into groups, each of which would in turn become the centre of an active campaign. Head Teachers have given enthusiastic support. They have organised a constant succession of classes to the central exhibition and the purpose of dental hygiene has been regularly driven home by the teachers in class. The scheme was launched successfully, is progressing well and is expected to continue for three years.

SUMMARY OF DENTAL LABORATORY WORK

Mr. C. Atkin, the full-time technician, reports the following work completed during the year. In addition to this, he has completed 46 full and 13 partial dentures for expectant and nursing mothers. A considerable number of special models of teeth have been produced for the Health Education Organiser for use in dental education :—

Partial dentures	Repairs to dentures	Removable appliances	Fixed appliances	Study Models	Crowns	Gold inlays
82 (109*)	16 (16*)	54 (55*)	16 (38*)	8 (16*)	18 (16*)	13 (18*)

(\* 1961 figures)

IN CONCLUSION

There has been nothing that might be termed as an event to report, other than the inauguration of the Pilot Scheme in Dental Health Education. I will record here our thanks to the Rotherham Education and School Health Departments for their help and to Mr. R. Heald, the Principal School Dental Officer of Rotherham, for his partnership in carrying out the clinical assessment in Sheffield and Rotherham schools. An unexpected offer of the services of a dental auxiliary was received during the summer and she joined the staff in January, 1963. For some years now, it has been obvious that the number of dental staff and surgeries in use would become less. With this in mind the building of new clinics, modernisation of old clinics and re-equipment of surgeries to conform with modern standards has been in abeyance. A considerable expenditure will therefore be required when and if it becomes possible to recruit more staff.”



ORTHOPAEDIC AND POSTURAL DEFECTS

" I shall ne'er be ware of mine own wit till I break my shins against it." .  
Shakespeare, " As You Like It," II, 4.

ORTHOPAEDIC CLINICS

The orthopaedic clinics followed the usual pattern, the greatest number of children having minor defects. 229 children were seen and 37 of these had a defect of such a degree that transference to hospital was found necessary.  
A summary of the cases is given below :—

Conditions									Number of cases
Metatarsalgia	..	..	..	..	..	..	..	..	1
Pes cavus	..	..	..	..	..	..	..	..	15
Pes planus	..	..	..	..	..	..	..	..	90
Pes valgus	..	..	..	..	..	..	..	..	8
Genu valgum	..	..	..	..	..	..	..	..	40
Congenital deformities :—									
Claw toe	..	..	..	..	..	..	..	..	2
Torticollis	..	..	..	..	..	..	..	..	1
Scoliosis	..	..	..	..	..	..	..	..	5
Kyphosis	..	..	..	..	..	..	..	..	3
Hallux rigidus	..	..	..	..	..	..	..	..	4
Hammer toe	..	..	..	..	..	..	..	..	2
Hallux valgus	..	..	..	..	..	..	..	..	6
Overlapping toes	..	..	..	..	..	..	..	..	1
Deformed toes	..	..	..	..	..	..	..	..	3
Exostosis metatarsalis	..	..	..	..	..	..	..	..	3
Schlatter's disease	..	..	..	..	..	..	..	..	2
Others	..	..	..	..	..	..	..	..	24
Nil abnormal found	..	..	..	..	..	..	..	..	19
CASES									229
ATTENDANCES									264
New cases	..	..	..	..	..	..	..	..	125
Old cases	..	..	..	..	..	..	..	..	104
Cases discharged	..	..	..	..	..	..	..	..	64
Cases transferred to hospital	..	..	..	..	..	..	..	..	37
Operations advised	..	..	..	..	..	..	..	..	1
New appliances ordered	..	..	..	..	..	..	..	..	161
Repairs to appliances	..	..	..	..	..	..	..	..	13
Cases receiving treatment	..	..	..	..	..	..	..	..	104
Cases under observation	..	..	..	..	..	..	..	..	125

KING EDWARD VII ORTHOPAEDIC HOSPITAL AND ORTHOPAEDIC CLINIC

Dr. E. G. Herzog, the Surgeon Superintendent at the King Edward VII Orthopaedic Hospital, reports :—

“ The incidence of poliomyelitis in Sheffield, and in fact in the country as a whole, has been extremely low. The return for tuberculosis of bone and joint in schoolchildren is actually nil. We are still treating a fair number of

patients who had poliomyelitis in years gone by, and an increasing number of children with congenital deformities are referred here from the Children's Hospital. Since October last, I have visited the new Oakes Park School and seen some of our patients there. It is quite an advantage to observe them in these more natural surroundings, on their home ground so to speak."

The following information is supplied in respect of the years 1961 and 1962 :—

HOSPITAL :—

<i>In-patients.</i>	1961	1962
Number of school children treated for non-tubercular conditions .. .. .	81	86
Number of school children treated for tuberculosis of bones and joints.. .. .	5	—
<i>Out-patients.</i>		
Number of attendances made .. .. .	386	429

CLINICS :—

New cases of school children who attended this year ..	—	—
Number of attendances made .. .. .	146	153

CHIROPODY CLINIC

This clinic continues to be well attended. 730 new and 88 old cases were treated during the year, involving 1,755 attendances. At the end of the year, 50 children were still in attendance.

HEART DISEASES AND RHEUMATISM

“ You might have saved me my pains.”  
Shakespeare, “ Twelfth Night,” II, 2.

Dr. J. Lorber, Reader in Child Health at the Sheffield Children’s Hospital, reports that heart clinics were held at Leopold Street as in previous years and have continued on the usual lines. The figures are as follows :—

Condition	New cases	Old cases	Attendances
1. NO RHEUMATISM OR HEART DISEASE			
(a) Functional murmurs.. ..	15	5	20
(b) Physiological arrhythmias .. ..	4	2	6
(c) No cardiac signs .. ..	5	—	5
2. RHEUMATIC FEVER.			
(a) Active { with } heart affection {	—	1	1
{ without }	—	—	—
(b) Inactive { with } heart affection {	1	5	6
{ without }	2	4	6
3. RHEUMATIC CHOREA.			
Active { with } heart affection .. {	—	1	1
{ without }	—	2	2
4. CONGENITAL HEART DISEASE.			
Cyanotic { operated .. ..	—	—	—
{ not operated .. ..	1	1	2
Non-cyanotic { operated .. ..	—	3	3
{ not operated .. ..	—	10	10
TOTALS .. ..	28	34	62



## PREVENTION OF TUBERCULOSIS IN SCHOOL CHILDREN

*“ The mind which knows how to fear, knows how to go safely.”*

Publilius Syrus, “ Sententiae, No. 3.”

### CHEST CLINIC

Dr. H. Midgley Turner, Senior Consultant Chest Physician, reports :—

“ The Chest Clinic has continued to play its part in the care of the City’s school children. Investigations into tuberculosis and other chest conditions, together with the development of preventive measures, have been carried out in co-operation with the school medical officers.

There has been no change in the procedure for dealing with contacts of known or suspected cases of tuberculosis, who are seen at specific clinical sessions each week. Tuberculin testing using the Heaf Multiple Puncture apparatus is carried out and negative reactors are given B.C.G. vaccination, with parental consent, whilst positive reactors are X-rayed and kept under supervision when necessary.

Emphasis has been placed on the investigation of contacts in order to track down sources of infection. Sessions are held each week for children under supervision for treatment of primary tuberculosis, whilst school children suffering from bronchitis and other chest conditions are also seen at the Clinic. The opening in July, 1962, of a new Chest Clinic at the Sheffield Royal Infirmary will, eventually, enable the Chest Physicians to offer facilities for the investigation of school children in the northern part of the City, which may prove more convenient to parents from a travelling point of view.

### Statistics

Excluding new cases, 3,623 attendances were made by school children—87 attendances of notified cases of tuberculosis and 3,536 attendances of children under supervision.

New cases examined were as follows :—

Notified cases	..	..	..	..	..	..	6
Contacts	..	..	..	..	..	..	785
Suspicious cases	..	..	..	..	..	..	121
X-ray films	..	..	..	..	..	..	635
Suspects admitted to hospital for observation and treatment	..	..	..	..	..	..	23
Mantoux tests	..	..	..	..	..	..	18
Multiple puncture tests	..	..	..	..	..	..	1,630
B.C.G. vaccinations of child contacts	..	..	..	..	..	..	287
Tubercle bacilli in the sputum or pleural fluid	..	..	..	..	..	..	3

Total cases of tuberculosis amongst school children notified during the year :—

Pulmonary :	Males	..	..	..	..	6
	Females	..	..	..	..	13
Non-pulmonary :	Males	..	..	..	..	2
	Females	..	..	..	..	2

On the 31st December, 1962, there were 90 notified school children on the Clinic Register.”

## B.C.G. VACCINATION OF SCHOOL CHILDREN

Dr. C. F. J. Ducksbury, School Medical Officer, reports :—

“ During 1962, the scheme for the B.C.G. vaccination of school children was continued. A policy has been adopted aimed at eventually vaccinating 11-year old children. The first stage is being carried out in the school year commencing September, 1962, when both 12-year-old and 13-year-old children are being given the opportunity of vaccination.

In the following figures, those for the secondary school where cases of pulmonary tuberculosis occurred (reported on page 38) have not been included :

Number of eligible children	..	..	..	..	..	9,075
Consents received..	..	..	..	..	..	8,279
Consent rate	..	..	..	..	..	91·2%
Absentees ..	..	..	..	..	..	1,090
Already had B.C.G.	..	..	..	..	..	494
Number skin-tested, excluding those who had previously had B.C.G.	..	..	..	..	..	7,008
Positive reactors ..	..	..	..	..	..	1,939
% positive	..	..	..	..	..	27·7%
Negative reactors..	..	..	..	..	..	5,069
% negative	..	..	..	..	..	72·3%
Number vaccinated	..	..	..	..	..	5,017

### *Comments*

1. The consent rate is a little higher than in 1961, being 91·2%, as compared with 89·8%.

2. The absentee rate was 13·3%. This is a little higher than last year, when it was 12·3%. This figure represents children who were away from the schools when they were visited, and who have failed to attend when invited to ‘ defaulter ’ sessions at the Child Welfare Clinic on Saturday mornings.

3. 5·4% of eligible children refused testing or vaccination. A further 3·4% refused, as B.C.G. vaccination had been given in the past, thus making an overall refusal rate of 8·8%.

4. The positive reactor rate amongst children not previously vaccinated has risen this year to 27·7%, as compared with 17·7% in 1961. It has been noted that a larger number of minor positive reactions accounts for the increase. The numbers of Heaf reactions grades 3 and 4 remain much the same in proportion to the number tested in 1961. The matter continues to be investigated.

5. 52 negative reactors were not vaccinated. Most of these were children who had very recently been vaccinated for smallpox, and a few had refused B.C.G., but requested chest X-ray.

*X-ray of positive reactors*

Of the 1,923 children who attended for chest X-ray, 35 were those whose parents, though not accepting skin testing, had requested a chest X-ray ; 167 children for whom appointments were made refused to attend.

The results of the X-rays were as follows :—

Normal chest .. .. .	1,891
Evidence of past tuberculous lesion, now healed .. ..	26
Active tuberculosis .. .. .	2
Children to be kept under supervision .. .. .	4
	<hr/>
	1,923''
	<hr/>

**SPECIAL INVESTIGATIONS IN SCHOOLS**

Dr. J. Sarginson reports :—

“ During 1962 there was considerable activity in Sheffield schools with regard to tuberculosis prevention in addition to the normal B.C.G. programme. Three incidents were extensively investigated :—

(1) A teacher at a small infants school who had been in poor general health for some time was admitted to hospital. Investigations there showed a flare-up of a tuberculous lesion which had appeared healed for about 30 years. Very naturally, there was some considerable concern amongst parents of her present and past pupils. Skin testing was therefore offered to all children that we could trace who had been in contact with her within the previous three years. The results showed conclusively that the teacher had not infected any pupils in her charge.

(2) In a secondary school, two girls from the same class were diagnosed as having pulmonary tuberculosis, the second case coming to light six months later as a result of routine testing associated with the normal B.C.G. programme. However, as the general rate of Mantoux conversion (7·2%) was lower than average, there seemed no grounds for alarm but every effort was made to skin test and, if necessary, X-ray children where parents had previously declined to participate in the B.C.G. scheme. No further cases were discovered and it would appear probable that the two children acquired the infection independently from a source outside the school.

(3) The third incident was more serious, but at the time of writing (May, 1963) all the cases discovered have made, or are making, excellent recoveries, with the aid of modern anti-tuberculosis therapy.



In May, 1962, a girl attending a secondary school was notified as having miliary tuberculosis associated with a lung lesion. Two weeks later a second girl was notified but, as she lived some distance away, it was not immediately apparent that the two girls were school friends and were actually in the same class. However, on interviewing them in hospital it seemed clear that, if their infections had a common origin, then this was probably inside the school. This suspicion was underlined by the results from routine skin testing among the group at the school offered B.C.G. vaccination. The proportion of positives (48%) found in May, 1962 compared with 15% in 1961 and 22% in 1960.

It was therefore decided that all children and staff in the school should be examined. The headmaster and his staff readily agreed and gave full support to the comprehensive measures taken. The scheme evolved was as follows :—

- (1) All children in the school who had not been tested in connection with the normal B.C.G. programme were offered a skin (Heaf) test.

- (2) Pupils found to be unprotected (negative reactors) were offered B.C.G. vaccination followed by a chest X-ray some three months later.

- (3) Positive reactors known from this or previous surveys were offered a chest X-ray before the end of the summer term (where pupils had already been X-rayed within the previous three months or recently received B.C.G. vaccination, X-ray was deferred for a further 2-3 months).

- (4) All adults working in the school were offered a chest X-ray and, if they wished, were also skin tested with a view to B.C.G. vaccination\*.

Suitable letters and consent forms were prepared and sent to parents of children in the various groups outlined above. Whilst the forms were being returned, a further notification of pulmonary tuberculosis was received. In retrospect it appears that this was the source case, as the sputum showed a heavy concentration of tubercle bacilli and her brother—an adult—also developed tuberculosis. On the day that skin testing of the children began in school, a fourth case of tuberculosis (meningitis) was notified.

With the co-operation of Dr. W. J. Wilson, the Director of the Mass Radiography Centre, it was possible to offer X-ray at school to staff and children immediately after the end of skin testing. A mobile X-ray unit was stationed in the school yard for this purpose for the whole of one day, actually the last day but one before the long summer holiday.

The X-ray examinations immediately revealed a fifth case of tuberculosis in a school child who, as a result, was soon placed under treatment.

(\* 3 teachers accepted B.C.G. vaccination following negative skin tests.)

Although all staff responded well and were examined at once, some children were not fully investigated in school. Numerous defaulter sessions were held at clinics to try to make the survey more complete and, in many cases, parents were again approached. At least three further appointments for testing were offered to all the children concerned.

The following case illustrates some of the difficulties. A pupil was tested at school but was absent on the day the test was due to be ‘ read ’. It was, therefore, necessary to arrange a further skin test—which proved to be strongly positive. Two attempts to get the child X-rayed failed but eventually she was persuaded to attend. This girl became the sixth known case of tuberculosis at the school.

Another girl who was a close contact of one of the earlier cases had been placed under the supervision of the Chest Clinic. Towards the end of the year she was notified as the seventh (and we believe final) case in the school.

The position at the end of the investigation may be summarised :—

(A) Staff	Chest X-ray		
	No.	At School	At Mass Radiography Centre
Teachers .. ..	24	20	1
Dental staff .. ..	2	—	2
Caretaker/Cleaners ..	15	14	1
Kitchen staff, etc. ..	10	10	—

(B) Children	No.	Negative Reactors	Given B.C.G.	Previous B.C.G.	Previously known positive reactors	Positive reactors discovered	Normal Chest X-ray
First two school years	237	133	131	14	4	76	206
Older pupils*	223	29	29	113	56	13	189
Total pupils investigated	460	162	160	127	60	89	395†

\* these children had previously been offered tests in the course of the normal B.C.G. programme

† The 65 pupils not accounted for are made up as follows :—

Notified cases of tuberculosis .. ..	7
Non-active cases of tuberculosis .. ..	10
Under regular supervision by Chest Physicians	3
Refusals, absentees and other defaulters ..	44
Removed outside City .. ..	1

Thus over 90% of the school had adequate examination by chest X-ray after notification of the first case. A more detailed examination by classes suggests that the original source case in the school may have been found, and in that class, where all the children were examined, four cases of tuberculosis were notified. Two cases were notified in another class in the same year and here again all the children were fully examined. Only three pupils of this year failed to have some form of examination and these were in classes where there were no cases and where the general level of positive reactors did not suggest that the groups had been exposed to infection. An element of doubt must, however, remain as to the possibility that the infection was originally introduced by some adult working in the school who had left at the time of the outbreak. Twenty-two persons have been identified who are known to have worked at the school within the previous three years, but it has only proved possible to trace and X-ray eight of these.

The experience gained in the above episode has made us more acutely aware of the continued danger of tuberculosis. Six of the seven cases occurred in the second school year. In view of the measures taken to lower the age at which B.C.G. vaccination is offered—a decision taken before this recent outbreak—it is not likely that such an extensive outbreak will recur among children of secondary school age, but continued vigilance is necessary.”



CHILD GUIDANCE CENTRE

“ The only way to get rid of temptation is to yield to it.”  
Oscar Wilde, “ Picture of Dorian Gray ”

By Mr. N. E. Whilde, M.Sc., F.B.Ps.S., Educational Psychologist in Charge, Child Guidance Centre :—

“ It will be seen from the appended figures that over two-thirds of the children referred during the year were recommended by head teachers. The proportion being referred from schools has risen steadily over the years ; thus for the five years 1948-52 it was 43 per cent and for the five years 1958-62 it was 68 per cent. The actual numbers referred during these periods were 142 and 336 per year out of totals of 328 and 483 respectively.

The number of cases closed (547) is the highest so far recorded in any year. The number of cases awaiting treatment (after investigation, i.e. not including newly referred cases) was 54 at the end of the year. This is the lowest such figure recorded during the preceding sixteen years.

The ages of the children referred during the year are similar to those relating to previous years, save that rather more older children were referred ; 32 per cent were over ten years old as against an almost constant 25 per cent for some years earlier. One-half of the children were eight years two months or younger.

The intelligence rating of the children whose cases were closed during the year was about the same as has been observed for many years. 30 per cent could be described as intellectually dull and 30 per cent above average (the median intelligence quotient was 93).

The work of the centre has continued as described in former reports. The number of remedial reading groups established is now twenty, in ten different junior schools. Mr. R. C. Homer, a specialist teacher in remedial education, joined the staff of the Centre at the beginning of the year and it was hoped with his assistance to establish more remedial groups. His sudden death in July curtailed these plans and so far a satisfactory successor has not been found.

Mr. D. Lawrence (educational psychologist) left the staff at the end of April; Dr. I. C. Murphy and Mr. M. Davis (educational psychologists) joined it at the beginning of June and September, respectively.

Much advisory work, talks and lectures have taken place ; these do not appear in the appended figures.

Number of cases registered during 1962 :

Girls	..	..	..	..	..	..	189
Boys	..	..	..	..	..	..	385
							<hr/> 574

### Analysis of cases dealt with :

Cases closed 1962	..	..	..	..	547	
E.S.N. cases closed	..	..	..	..	40	
					<hr/>	587
Cases open 31st December, 1962	..	..			458	
E.S.N. cases open	..	..	..	..	185	
					<hr/>	643
Cases on waiting list 31st December, 1962	..					39
						<hr/>

### Reasons for closing cases in 1962 :

Did not attend at all	..	..	..	..	..	..	20
Consultation only	..	..	..	..			271
Consultation only ; E.S.N. cases	..	..					40
						<hr/>	311
After supervision	..	..	..	..			203
Treatment cases :							
Further attendance impossible	..	..	..	..	..		9
Patient unco-operative		..	..	..	..		2
Parent unco-operative	..	..	..	..	..		14
Transferred to other treatment			..	..	..		1
Treatment completed	..	..	..	..	..		27
						<hr/>	587
						<hr/>	

### Analysis of cases open 31st December, 1962 :

Under treatment	..	..	..	..	..	..	69
Under supervision	..	..	..	..			303
Under supervision ; E.S.N. cases			..				185
						<hr/>	488
Under investigation	..	..	..	..	..	..	32
Awaiting treatment (investigation complete)					..	..	54
						<hr/>	643
						<hr/>	

### Reasons for reference of all cases

	Nervous disorders	Habit disorders	Behaviour disorders	Intellectual difficulties	E.S.N. Investigation	Total
Number of children ..	35	45	114	380	—	574

Nervous disorders comprise such conditions as fears, shyness, depression, emotional instability, day dreaming.

Habit disorders comprise such conditions as speech, sleep and food disorders, restlessness, incontinence.

Behaviour disorders comprise such conditions as unmanageability, temper, aggression, truancy, delinquency.

Intellectual difficulties comprise such conditions as educational retardation, special disabilities and educational guidance.

Sources of reference

	Head teachers	Parents	School Medical Officers	Speech Thera- pists	Juvenile Court	Private doctors	Hos- pitals	Others	Total
Number of children ..	403	33	46	33	18	5	28	8	574

Age of reference

Age	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
Number of children ..	1	—	12	40	60	170	69	39	28	47	43	28	22	14	1	574

Intelligence quotient range of all cases closed during the year

	70 and below	71 to 80	81 to 90	91 to 100	101 to 110	111 to 120	121 to 130	Over 130	Not tested	Total
Number of children ..	29	75	109	126	75	49	28	24	32	547 ”



## SCHOOL NURSING SERVICE

*"First pay me for the nursing of thy sons."*

—Shakespeare, "Cymbeline," V, 5.

By Miss E. Dent, S.R.N., S.C.M., H.V.Cert., Chief School Nursing Sister.

"During the year, three school nursing sisters resigned from the Service and Miss L. Scott retired after 20 years' valuable service. One nursing assistant resigned on marriage. The vacancies were filled and the nursing staff was full strength at the end of the year.

The number of health visitors working in the school health service as joint appointments remains at nine, giving the equivalent of five full-time staff.

The co-operation of Miss Littlewood, Superintendent Health Visitor, and her staff is greatly appreciated, and is found to be very helpful, particularly in dealing with social problems.

### CLEANLINESS SURVEY

There is a slight decrease in the number of children found to have infestation of the scalp and it is only by the constant effort on the part of the Nursing Assistants, supported by the School Nursing Sisters, that the situation does not deteriorate.

The following figures give the results of the hygiene examinations carried out by the School Nursing Staff :—

(i) Number of pupils examined :—						
Boys	..	..	..	26,728		
Girls	..	..	..	27,431		
				<hr/>		54,159
(ii) Number of pupils found to be in an unclean or verminous condition:—						
Boys	..	..	..	600	(2·2%)	
Girls	..	..	..	1,675	(6·1%)	
				<hr/>		2,275 (4·2%)
(iii) Number of pupils found to have unsatisfactory clothing :—						
Boys	..	..	..	5	(0·02%)	
Girls	..	..	..	7	(0·03%)	
				<hr/>		12 (0·03%)
(iv) Number of pupils found to have unsatisfactory footwear :—						
Boys	..	..	..	7	(0·03%)	
Girls	..	..	..	—	—	
				<hr/>		7 (0·01%)
(v) Number of heads cleansed :—						
Boys	..	..	..	277		
Girls	..	..	..	585		
				<hr/>		862

710 notices were sent to parents of boys, the corresponding figure for girls being 2,160. Quite often, follow-up is necessary and comparative figures for second notices are 131 (boys) and 359 (girls), and for third notices 24 (boys) and 88 (girls).

#### **SELECTION EXAMINATION**

The school nursing sisters' comments on the value of the Selection Examination at 11 years are as follows :

The number of children selected varies considerably from school to school and is to a large extent dependent upon the interest taken by the head teachers.

During the first year in a secondary modern school, the children are not usually sufficiently well-known to the teachers, or to the school nursing sisters, to be able to bring them forward for examination.

The last year in the junior school or the second year in a secondary school would be more satisfactory.

From the school nursing sisters' point of view, there is very little time saved, as extra sessions have to be spent in testing visual acuity and colour vision—which in the past had been carried out as part of the periodic health examination.

#### **SPECIAL SCHOOLS**

The work in these schools has been carried out as in previous years with the exception of that in the schools for physically handicapped, which changed on the opening of Oakes Park School, when the work was undertaken by the resident sister for Chantrey School.

The pattern of the school nursing sisters' work differed somewhat from previous years. Since the introduction of the modified intermediate periodic health examination, the visual acuity testing of 11-year-old children has been added to the routine 2-yearly-interval test and in addition the colour vision test has been carried out at this age.

Oral vaccination against poliomyelitis for all primary school children was given during the summer term by the nursing staff, and this involved a substantial amount of extra work (see p. 49).

#### **CO-OPERATION WITH HOSPITALS AND OTHER SOCIAL WORKERS**

The Chief School Nursing Sister attended meetings of the Care of Children Co-ordinating Committee, also meetings with the health visiting staff and social workers of the Public Health Department, to discuss the problems of families where school children are involved. One member of staff has visited the City General Hospital weekly to act, through the almoner, as a liaison between home, school and hospital. Co-operation with the Family Service Unit has been very beneficial in dealing with some of the problem families.

HEALTH EDUCATION

The school nursing sister has continued in her capacity as health tutor for the Kenwood Nursery Training Centre. The visits of the student nurses from hospitals, nursery training centre, and district nurse trainees to the Central Clinic to observe the work in the various departments have taken place as in previous years. Some members of staff have given a course of lectures to girls studying for the Duke of Edinburgh's Award. Baby bathing demonstrations and talks on hygiene given to senior girls have been very well received by the girls concerned.

Three school nursing sisters attended a two weeks' refresher course arranged by the Health Visitors' Association in April, and the Chief School Nursing Sister attended the Health Visitors' International Conference in October. The latter was a particularly stimulating and interesting experience.

SUMMARY OF WORK

IN THE SCHOOLS—

Attendance daily with the medical officers at periodic health inspection.						
Examination of children under cleanliness scheme—Boys						
						64,945
Girls						69,474
						<hr/> 134,419
Examination of children for " following up "						
.. .. .						1,362
Examination of children for investigation of outbreak of infectious diseases .. .. .						
						472
Examination of children for other purposes .. .. .						
						6,001
Attendances for breathing exercises .. .. .						
						4,715
Weighing and measuring .. .. .						
						59,976
Number of visions tested .. .. .						
						18,815
						<hr/> 225,760
						<hr/>
Number referred to clinics .. .. .						
						3,103
Number of visits to schools .. .. .						
						12,322

IN THE CLINICS—

	EYE TREATMENT		EAR TREATMENT		MINOR DRESSINGS	
	Cases	Attendances	Cases	Attendances	Cases	Attendances
Attercliffe ..	125	316	210	1,184	2,118	4,812
Central .. ..	48	123	50	410	512	1,731
Chaucer .. ..	51	115	29	178	407	1,736
Greenhill ..	30	45	33	176	300	827
Handsworth ..	40	87	39	117	509	1,524
Heeley .. ..	49	77	81	303	554	2,185
Hillsborough ..	99	194	79	544	712	1,441
Manor .. ..	46	97	188	819	1,232	5,639
Nursery Schools	44	97	68	238	1,751	2,855
Pitsmoor ..	144	286	335	1,136	1,018	2,757
Shiregreen ..	125	282	168	649	1,251	2,497
Southey Green	58	86	37	100	345	524
Special Schools	293	2,133	245	1,493	4,397	8,821
Wisewood ..	72	158	94	298	502	2,053
Wybourn ..	122	277	127	656	2,115	4,635
TOTALS ..	1,346	4,373	1,783	8,301	17,723	44,037

IN THE HOMES—

Visits for " following up "	..	..	..	..	..	504
,, neglect, uncleanliness, etc.	..	..	..	..	..	151
,, various purposes	..	..	..	..	..	635
						<hr/> 1,290 "



## INFECTIOUS DISEASES

*“Sickness is catching.”*

—Shakespeare, “A Midsummer Night’s Dream,” I, 1.

The School Health Service works in active co-operation with the Public Health Service over the control of infectious diseases in the schools. The incidence of infectious diseases during the year, as reported throughout the schools, is shown below. These numbers are not complete, but are sufficiently indicative of the trend of infection. Those referring to scarlet fever, meningitis, dysentery and measles are the confirmed cases from the notifications.

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	TOTAL	
					1962	1961
Measles . . . .	23	29	28	722	802	3,422
German Measles	177	1,647	846	302	2,972	285
Whooping Cough	3	1	5	1	10	36
Chicken Pox . .	1,284	792	229	479	2,784	1,720
Mumps . . . .	60	32	16	55	163	2,297
Scarlet Fever . .	134	97	45	111	387	212
Meningitis . .	2	1	1	—	4	14
Dysentery . .	27	119	31	27	204	127

### DIPHTHERIA

None occurred for the thirteenth successive year but it is useful to recollect that in 1938 there were as many as 824 cases in the City.

### POLIOMYELITIS

There was one case of paralytic poliomyelitis of school age which was notified at the beginning of the year ; the boy had been given two injections of vaccine in 1959, but had not received a “booster”. Only one leg was affected and the boy has recovered sufficiently to attend school without wearing any appliance and takes his normal part in physical education.

## VACCINATION AND IMMUNISATION

*“ Not to put too fine a point to it.”*

—Charles Dickens, “ Bleak House.”

### *General*

Prior to school entry all infants are offered immunisation against diphtheria, whooping cough, tetanus, poliomyelitis and smallpox at maternity and child welfare centres, and at the family doctor's surgery. To a minor extent immunisation is also carried out at hospitals.

Within the first year of entering school, letters are sent to the parents of all children offering booster doses against diphtheria, tetanus and poliomyelitis at the school clinics. In addition as part of the general public health immunisation programme, parents are invited to bring pre-school children of the family to the school clinics for primary immunisation against diphtheria, whooping cough and tetanus, as some mothers with a young family find it difficult to attend at more than one centre. Also children of school age, who have not previously been immunised, are encouraged to have their primary courses against diphtheria and tetanus at school clinics.

Protection against tuberculosis (B.C.G. vaccination) is offered at between 11 and 13 years of age (see page 36).

### *Diphtheria*

For more than ten years there have been no confirmed cases of diphtheria in Sheffield. However, advantage is taken of small outbreaks occurring in other parts of the country to encourage parents to make full use of the facilities offered for immunisation against the disease.

In the case of all children over 10 years of age for whom application is made the Schick Test is first carried out to ascertain whether or not the child is already immune to diphtheria.

### *Tetanus*

Since 1960 immunisation against tetanus has been offered to children at school entry. In agreement with Sheffield Hospitals arrangements have been made whereby all persons, including children, who have received tetanus anti-serum may be referred to the Public Health Department for a full course of immunisation to obviate the possibility of further anti-serum being required for some future injury.

During the year, 113 immunisation sessions were held at school clinics, and in addition, two visits were made to immunise the pupils at the Moorside Approved School for Girls.

IMMUNISATION BY THE SCHOOL HEALTH SERVICE

						Number of children received injections		
Vaccine :-						1960	1961	1962
Diphtheria	..	..	..	..	..	889	152	43
Diphtheria/Whooping Cough/Tetanus	..				..	163	222	116
Diphtheria/Whooping Cough	..	..	..		..	12	7	—
Diphtheria/Tetanus	..	..	..	..		10	587	366
Tetanus	..	..	..	..	..	26	1,601	1,735
Total						1,100	2,569	2,260
Reinforcing doses (Diphtheria/Tetanus)						2,497	2,880	1,953
Reinforcing doses (Tetanus)						—	—	1,581
Schick Tests						219	143	115
Total						2,716	3,023	3,649

*Poliomyelitis*

In 1957 primary immunisation of two injections was made available to school children ; late in 1959 the third or reinforcing dose was introduced, and in 1961 a fourth dose, restricted to children over five and under twelve years, was made available.

In 1962 Sabin (oral) vaccine was adopted in place of Salk-type vaccine by this Authority, and children who had previously received injections of Salk vaccine were advised to complete the course with oral vaccine. This vaccine is given on lump sugar, and no sterilisation facilities are necessary. This enabled teams of the school nursing staff to visit the primary schools in May, June and July to give third and fourth doses, and full primary courses where required. In all, 549 visits were paid to these schools.

POLIOMYELITIS VACCINATIONS

						1960	1961	1962
Completed 2 doses of Salk vaccine	..	..				1,192	7,159	614
Completed 3 doses of oral vaccine		..				—	—	4,085
Completed 3rd dose (reinforcing to Salk vaccine)						10,905	4,948	2,723
Completed 4th dose (reinforcing to Salk vaccine)						—	21,201	9,158

*Smallpox*

Vaccination is available at maternity and child welfare centres and through the family doctor, and arrangements are not normally made for this through the school health service. However, outbreaks of smallpox in Bradford and South Wales early in the year produced a very large demand for vaccination, and stimulated parents to bring forward children who had never been protected in infancy. Following these outbreaks most countries in continental Europe demanded valid international certificates from travellers, and special arrangements were made through the school health service



for parties of school children, bound for Europe, to be vaccinated and the necessary certificates completed.

It is estimated that some 57% of children had been vaccinated at school entry.

SMALLPOX VACCINATION (5 to 15 years)		
1960	1961	1962
103	152	7,505

During 1962, 7,074 pupils were vaccinated by the family doctors, 245 by the local authority and 186 at hospitals.

IMMUNISATION OF CHILDREN AT MAINTAINED SCHOOLS (5-15 years)						
					Number immunised	% of school population
Diphtheria	..	..	..	..	59,000	84·7
Poliomyelitis	..	..	..	..	64,000	91·9
Smallpox	..	..	..	..	29,800	42·8

## HANDICAPPED PUPILS

*"The stone which builders refused is become the headstone of the corner."*

Psalms 118, 22.

The pupils in the following schools have been ascertained under the Handicapped Pupils and School Health Service Regulations, 1953 to 1959, as requiring special educational treatment :—

		Accommodation for
<b>BLIND PUPILS</b>	Sheffield School for Blind Children .. .. .	60 pupils
<b>PARTIALLY SIGHTED PUPILS</b>	Bents Green School ..	30 pupils
<b>DEAF (GRADE III) AND PARTIALLY DEAF (GRADE IIB) PUPILS</b>	Maud Maxfield School (Day and Residential) ..	120 pupils
<b>PARTIALLY DEAF (GRADE IIA) PUPILS</b>	Weekly classes in lip reading at Maud Maxfield School .. .. .	30 pupils
<b>DELICATE PUPILS</b>	Bents Green Residential School .. .. .	40 pupils—girls
	Whiteley Wood, Bents Green and Springvale House Schools .. ..	384 pupils
<b>PHYSICALLY HANDICAPPED PUPILS</b>	Chantrey School (Day and Residential) .. ..	60 pupils
	Oakes Park School ..	120 pupils
<b>EDUCATIONALLY SUB-NORMAL PUPILS</b>	East Hill School .. ..	45 pupils—infant and junior boys and girls 100 pupils—junior boys 120 pupils—senior boys
	Handsworth School ..	100 pupils—junior girls
	Highfield School .. ..	120 pupils—senior girls
	Wadsley Bridge School ..	120 pupils—senior boys 100 pupils—junior boys

### SHEFFIELD SCHOOL FOR BLIND CHILDREN

An analysis of the defects of the pupils in the School at the end of the year follows :—

Abiotrophy of retina .. .. .	2
Buphthalmos .. .. .	3
Choroido-retinitis .. .. .	1
Congenital cataracts .. .. .	10
Congenital nystagmus .. .. .	2
Corneal dystrophy .. .. .	1
Cranio-facial dysostosis .. .. .	1
Glioma retinae .. .. .	2
Irido cyclitis .. .. .	1
Microphthalmos .. .. .	4
Optic atrophy .. .. .	9
Pseudoglioma .. .. .	—
Retina-blastoma .. .. .	3
Retrolental fibroplasia .. .. .	22
Sympathetic ophthalmia .. .. .	2
	—
	63
	==

BENTS GREEN SCHOOL (PARTIALLY SIGHTED CLASSES)

An analysis of the defects of pupils in the School at the end of the year follows :—

Albinism	..	..	..	..	..	..	..	4
Aniridia	..	..	..	..	..	..	..	1
Coloboma of discs		..	..	..	..	..	..	1
Congenital cataracts	..	..	..	..	..	..	..	8
Congenital dislocation lenses		..	..	..	..	..	..	2
Congenital nystagmus	..	..	..	..	..	..	..	5
Microphthalmos	..	..	..	..	..	..	..	1
Optic atrophy	..	..	..	..	..	..	..	1
Retrolental fibroplasia	..	..	..	..	..	..	..	3
Irido cyclitis	..	..	..	..	..	..	..	1
								<hr/>
								27
								<hr/>

CHANTREY AND OAKES PARK SCHOOLS

1962 saw the closing of the Mayfield and Arbourthorne Schools for physically handicapped children, and the opening of the Chantrey and Oakes Park Schools. The former is a school for children with cerebral palsy, planned to take 40 resident and 20 day pupils. Oakes Park School has accommodation for 120 day pupils whose physical handicap is too severe for them to attend an ordinary school. These two schools are joined by a medical unit, common to both, consisting of a medical inspection room, treatment room, physiotherapy and speech therapy rooms, and a dental surgery, thus enabling comprehensive treatment to be given at the school. This allows education and medical treatment to proceed hand in hand with as little disruption as possible to the education of the pupils.

A school medical officer visits each school weekly. Dr. E. G. Herzog, Surgeon-Superintendent, King Edward VII Hospital, and Mr. W. J. W. Sharrard, consultant surgeon to the Sheffield Children's Hospital, also visit regularly, as does Dr. K. S. Holt, physician in charge of Ryegate cerebral palsy unit. This is of particular interest to the children at the Chantrey School, for practically all of them have attended Ryegate before commencing school, and so the general overall-management and treatment is continued. This liaison with the hospital staff is important, as so often the aims of the education authority are not understood. Case conferences are held, as before, and additional ones for the resident staff of the Chantrey School, for here, at first, it was not only a question of getting to know the children but also of getting to know each other.

An educational psychologist visits for mental assessment of the children and gives guidance in any learning difficulties.



Special buses run between the City centre and the schools, and special transport is provided between home and school for those children who are too severely handicapped for public transport. The number of such cases is increasing, chiefly due to cases of spina bifida attending the Oakes Park School. These children who are often paralysed from the waist downwards, are surviving in increasing numbers and may soon pose an important educational problem.

Contact between the home and school is kept, where necessary, by home visits made by the nursing sister. This work is valuable, for the parents of any handicapped child need advice and support.

**SCHOOLS FOR THE DELICATE—BENTS GREEN, SPRINGVALE HOUSE AND WHITELEY WOOD**

Children with conditions such as asthma, bronchitis, bronchiectasis and sinusitis still form the basis of the need for open air schools. In addition, however, the number of cases of school phobia and early maladjustment due to social conditions is increasing. These children often present physical symptoms leading to a great deal of absence from school, and often it is impossible to meet their special needs in an ordinary school. They do, however, respond to treatment in the open air schools, where the maximum number of children in a class is 20, and where the doctor, school nursing sister and teacher work together as a team for the rehabilitation of the child. The school nursing sister here plays an important part by home visiting, thus gaining knowledge of the home background and the attitude of the parents.

Each school, though basically the same, keeps its own individuality. Springvale House, which is situated practically in the town, has, for instance, a larger number of emotionally disturbed boys than the other two schools, many of whom have been admitted by agreement between the magistrates of the Juvenile Court, the education welfare officer, the school medical officer and, of course, the head teacher.

**EDUCATIONALLY SUB-NORMAL PUPILS**

The work undertaken during the year with the children who have been reported as retarded educationally or developmentally is shown below :—

**RESULTS OF EXAMINATIONS**

Recommended for admission to a day special school for the educationally sub-normal .. .. .	88
Recommended for education in an ordinary school with special educational treatment .. .. .	22
Found to be educationally sub-normal, but for further consideration as to disposal .. .. .	7
Examined but decision deferred as to educational sub-normality ..	21
Referred to the Child Guidance Centre for investigation .. ..	8
No disability of mind .. .. .	6
Found to be unsuitable for education and recommended for notification to the Local Health Authority—Section 57 (4) .. .. .	35
Sufficient progress made at special school to allow of re-admission to ordinary school .. .. .	5

ANALYSIS OF CHILDREN LEAVING SPECIAL SCHOOLS FOR THE EDUCATIONALLY  
SUB-NORMAL

Left on attaining the leaving age .. .. .	64
Removed at an earlier age as incapable of receiving further benefit ..	12

TOTAL NUMBER NOTIFIED TO LOCAL HEALTH AUTHORITY  
(MENTAL HEALTH COMMITTEE)

	Boys	Girls
Children incapable of receiving benefit or further benefit		
from instruction in school .. .. .	13	20
Re-examined and still incapable .. .. .	1	1
Educationally sub-normal children notified on attaining		
the school leaving age .. .. .	38	26

DIABETES

10 pupils with this condition are under one or other of the hospital diabetic clinics, but are fortunately fit to attend an ordinary school. In addition, 1 child is in a residential hostel for diabetic pupils.

CEREBRAL PALSY

There is a total of 103 children with this condition known to us in the City. It will be seen from the following table, giving their disposition, that the majority of those of school age are fit to attend some form of day school. It is the residue, who are very severely handicapped, who constitute the real problem :—

Total number of children .. .. .	103
Unsuitable for education in school (under the care of the local health authority) .. .. .	26
	—
	77
Less those under statutory school age .. .. .	2
	—
Number requiring education .. .. .	75
	==
Disposal of the educable children :	
At ordinary schools .. .. .	20
In day special schools for :—	
Physically handicapped .. .. .	16
Educationally sub-normal .. .. .	5
Deaf .. .. .	3
Partially-sighted .. .. .	1
Cerebral palsied .. .. .	16
	—
	41
In residential special schools (including 9 at Chantrey School)	12
Receiving home tuition .. .. .	2
	—
	75
	==

**SPINA BIFIDA**

At the end of the year, there were 14 children with this condition in the Oakes Park School. In addition, there are 3 children nearly of school age and 2 other children whose condition is such that they are able to attend ordinary schools. As stated on page 53, the number of these children who will require special educational treatment is increasing and may present a major educational problem.

**HOME TUITION**

In addition to the children who attend the special schools, there are some who are unable to attend school. Home tuition is arranged for these and they are kept under periodic review. At the end of the year, there were 7 of these children and details of their defects are given below. In addition, tuition by teachers is given to children in the local hospitals who are considered capable of benefiting therefrom.

Analysis of defects :—

Bronchiectasis	..	..	..	..	..	..	1
Cerebral palsy	..	..	..	..	..	..	2
Ectopic bladder	..	..	..	..	..	..	1
Fibrocystic disease of pancreas			..	..	..	..	1
Hydrocephalus	..	..	..	..	..	..	1
Temporary emotional disturbance—unsuitable for education							
in school	..	..	..	..	..	..	1

**PARTICULARS OF CHILDREN WHO WERE MAINTAINED IN RESIDENTIAL SPECIAL SCHOOLS AND HOMES OUTSIDE THE SHEFFIELD AREA, DECEMBER, 1962.**

BLIND CHILDREN				Boys	Girls	Total
Chorleywood College for the Blind, Hertfordshire	..			—	1	1
Henshaw's School for the Blind, Manchester	..	..		2	—	2
Royal Normal College for the Blind, near Shrewsbury	..			1	—	1
Sunshine House School, Leamington Spa	..	..		—	1	1
Sunshine House School, Birkdale, Southport	..	..		—	1	1
Tenovus Sunshine Home, near Bridgend, Glam.	..			1	—	1
						<hr/> 7 <hr/>
DEAF AND PARTIALLY DEAF CHILDREN						
Elmete Hall School, Leeds	..	..	..	2	—	2
Mary Hare Grammar School for the Deaf, Newbury,						
Berks.	..	..	..	1	—	1
Rayner's School, Penn, Bucks.	..	..	..	—	1	1
St. John's R.C. Institution for the Deaf, Boston Spa,						
Yorkshire	..	..	..	4	2	6
						<hr/> 10 <hr/>



DELICATE CHILDREN	Boys	Girls	Total
Brentwood School, Hollington, near St. Leonard's-on-Sea	—	1	1
Hillaway Homes, Devon .. .. .	11	—	11
Ingleborough Hall School, Clapham, Yorks. .. .. .	1	—	1
St. John's R.C. Open-Air School, Woodford Bridge, Essex .. .. .	1	—	1
St. Patrick's Open-Air School, Hayling Island, Hants.	—	1	1
			<hr/> 15 <hr/>

#### EDUCATIONALLY SUB-NORMAL CHILDREN

Aldwark Manor School, Alne, near York .. .. .	2	—	2
Allerton Priory R.C. School, Liverpool .. .. .	—	1	1
Besford Court R.C. School, Worcester .. .. .	1	—	1
Crowthorn School, Edgworth, near Bolton .. .. .	—	2	2
Drayton Manor School, Sherfield-on-Loddon, Hants. ..	1	—	1
Eden Grove School, Bolton, near Appleby .. .. .	1	—	1
High Close School, Wokingham, Berks. .. .. .	—	1	1
Hilton Grange School, near Leeds .. .. .	2	1	3
Pontville R.C. School, Ormskirk, Lancs. .. .. .	1	—	1
Rossington Hall School, Doncaster .. .. .	9	—	9
			<hr/> 22 <hr/>

#### EPILEPTIC CHILDREN

Colthurst House School, Warford, Cheshire .. .. .	—	2	2
Maghull Home, Maghull, Liverpool .. .. .	—	1	1
			<hr/> 3 <hr/>

#### MALADJUSTED CHILDREN

Camphill-Rudolf Steiner School, Bielside, Aberdeenshire	—	2	2
Edward Rudolf Memorial School, Dulwich, S.E.22 ..	—	1	1
Shotton Hall, Harmer Hill, near Shrewsbury .. .. .	2	—	2
			<hr/> 5 <hr/>

#### PHYSICALLY HANDICAPPED CHILDREN

Bradstock Lockett Special School, Southport .. .. .	1	—	1
Dame Hannah Rogers School, Ivy Bridge, Devon ..	—	2	2
Ingfield Manor School, Five Oakes, near Horsham, Sussex	1	—	1
Portland Training College, near Worksop .. .. .	—	1	1
Shaftesbury House Hostel for Diabetic Children, Rustington, Sussex .. .. .	—	1	1
Thieves' Wood Special School, Mansfield .. .. .	1	—	1
			<hr/> 7 <hr/>

## FULL-TIME COURSES OF FURTHER EDUCATION FOR HANDICAPPED STUDENTS

The Education Committee are responsible for the craft training of blind and deaf persons under 21 years of age, and during the year the following students continued attendance at recognised institutions :—

Hethersett Vocational Guidance Centre (one male).

Royal National Institute for the Blind—School of Physiotherapy (one female).

Royal Normal College for the Blind (one male and one female, shorthand and typewriting).

## MISCELLANEOUS

### VISITORS

Following the usual practice, candidates for the Diploma of Child Health, and students in Social Science from the University, have paid visits to the various schools for physically handicapped and to school clinics. A student reading for the degree of B.A. (Administration) at Manchester University also visited the clinic.

Two psychiatrists, Dr. Brennan and Dr. Kaporcie from Yugoslavia, came to see the work of our schools for the educationally sub-normal.

Visits from medical officers of the Ministry of Education included Dr. H. Horne in connection with dyslexia, Dr. D. M. Llewellyn, the Child Guidance Service, and Dr. M. Wilson, physically handicapped children.

### REMAND HOMES

All boys and girls are medically examined to ensure freedom from infection before admission to the remand homes, and fully examined before transfer to an approved school.

In addition, many of them have special examinations carried out by the school medical officers or the staff at the Child Guidance Centre at the request of the magistrates.

### SPECIAL EXAMINATIONS

Special examinations have been carried out as follows :—

Candidates for appointment in the service of the Education Committee ..	278
For stage licences .. .. .	14
Juvenile Court cases .. .. .	99
“ Boarded-out ” children (annual medical examination) .. .. .	64

Fitness for part-time work, e.g., newspaper delivery or errand boy in various trades :—

Number passed .. .. .	1,494
Number not recommended .. .. .	10

Students for admission to training colleges for teachers :—

Men .. .. .	104
Women .. .. .	194
	— 298



## HEALTH EDUCATION

*“ He that will use all winds must shift his sail.”*

John Fletcher, “ Faithful Shepherdess ”.

Talks to parent-teacher associations and other groups and societies were given by members of the staff in the evenings. These are excellent opportunities for stressing any point made at the periodic health inspection and, in the informal discussions afterwards, parents often lose their shyness and talk of problems concerning their children. Often these have seemed too intimate or too trivial to mention, but when, through these discussions, parents realise that they are not alone in their difficulties, they are greatly helped.

School nursing sisters, by request, give talks and demonstrations on personal hygiene and child care in schools.

Doctors taking the Diploma in Child Health, fourth-year medical students, students taking the Diploma of Education, students from the School of Social Studies and various foreign visitors were shown the work of the School Health Service. The co-operation of the teachers, which is given so willingly, is greatly appreciated.

## PHYSICAL EDUCATION

A full account of the year's work is found in the Report of the Organiser of Physical Education on pages 84 to 96.

The school health service staff realise that physical education plays an important part in the development of the child and reports are given by school medical officers on the suitability of pupils for various types of physical activity, e.g., the advanced swimming course, swimming competitions. During periodic health inspections, head teachers are also informed of any restrictions of physical activity considered necessary in particular cases.

## NURSERY SCHOOLS AND CLASSES

*“ Train up a fig tree in the way it should go and when you are old sit under the shade of it.”*

Charles Dickens, “ Dombey and Son.”

Miss Dent, Chief School Nursing Sister, reports :—

“ The tables on page 73 show the heights and weights of the children in nursery schools and classes ascertained at the annual inspections.

The work has continued as in previous years. The staff are continually noticing ways in which nursery education is of value, and that the demand for places in nursery schools and classes is far greater than is at present being met. The head teachers have been most helpful in giving priority of admission to special cases of social and emotional problems.”

## AFTER-CARE

Any necessary care and supervision of handicapped children after leaving school is carried out by the Public Health Services. The medical officer responsible for social psychiatry visits the schools for educationally sub-normal children, and interviews those who are in their last year at school. Similarly the medical officer in charge of the physically handicapped visits all the other “ special ” schools. There is, thus, the opportunity of discussion with the parents and teachers regarding the type of work for which the child is capable, and this is passed on to the Youth Employment Bureau. A precis concerning the child's disability, with reports of treatment, is also sent by the Senior School Medical Officer to the medical officer concerned, and also to the child's general practitioner.

It is most important that the co-operation which has been built up between parents and the educational and school health staffs be carried forward through adolescence into adult life.

SCHOOL MEALS SERVICE

“ No man can be wise on an empty stomach.”  
George Eliot, “ Felix Holt ”

SCHOOL MEALS

Particulars of the average number of meals supplied daily in respect of each calendar month from January to December, 1962 :—

January	..	..	37,376	July	..	..	..	34,878
February	..	..	36,732	August	..	..	..	—*
March	..	..	36,782	September	..	..	..	37,985
April	..	..	36,604	October	..	..	..	37,725
May	..	..	35,848	November	..	..	..	37,682
June	..	..	35,421	December	..	..	..	37,207

\* All schools closed in August

				1961	1962
Number of dinners supplied on payment	..	..	..	6,270,254	6,224,087
Number of dinners supplied free	..	..	..	494,633	516,492
Number of dinners supplied on part-payment of 6d.	..	..	..	14,222	14,382

The following is the number of children on free meals in December, earlier years being included for comparison :—

1956	1957	1958	1959	1960	1961	1962
2,862	2,960	3,527	3,460	3,200	3,086	3,724

PROVISION OF MILK

The following information gives the number of bottles of milk supplied daily to school children each month. The supply at present is limited to a one-third-pint bottle per day per child and no charge is made.

During the year ended 31st December, 1962, 10,965,802 one-third pints of beverage milk, representing approximately 456,908 gallons, were supplied to pupils in Sheffield Schools.

Drinking straws are provided and all milk supplied to the schools is pasteurised.



*Beverage Milk—Average number of bottles supplied daily*

1962				Primary Schools	Secondary Schools	Non- Maintained Schools	Total
January	..	..	..	36,219	17,082	2,607	55,908
February	..	..	..	36,132	16,793	2,656	55,581
March	..	..	..	36,534	16,708	2,657	55,899
April	..	..	..	36,454	16,705	2,182	55,341
May	..	..	..	39,159	15,666	2,727	57,552
June	..	..	..	38,978	15,317	2,734	57,029
July	..	..	..	38,401	15,246	2,746	56,393
August	..	..	..	—	—	—	—*
September	..	..	..	36,983	18,972	2,299	58,254
October	..	..	..	36,654	18,228	2,720	57,602
November	..	..	..	35,535	17,751	2,667	55,953
December	..	..	..	34,777	16,916	2,585	54,278

\* All schools closed in August

A return to the Ministry of Education shows that on a day in October, 1962, 85% pupils received beverage milk and 53% received dinners.

# CLINICS

Clinic	No. of Schools	Times of Attendance	Work undertaken
Central Clinic, 7, Leopold Street .. ..	All	Full-time	Administrative centre of school health service. Centre for examination of special cases, ophthalmic, orthoptic, ear, nose and throat, orthopædic, heart and chiropody clinics. Central inspection, minor ailment and immunisation clinics.
Clinic for Young Deaf Children, 7, Leopold Street.. ..	All	Thurs. mornings and afternoons	Diagnosis of Degree of Deafness and Auditory Training.
CHILD GUIDANCE CENTRES:			
9, Newbould Lane .. ..	All	Full-time	} Child Guidance.
Handsworth Branch Clinic, Hall Road	22	Thurs. mornings	
Catchbar Lane .. ..	25	Fridays all day	
SPEECH THERAPY CLINICS:			
Catchbar Lane .. ..	All	Full-time	} Speech Therapy.
Attercliffe Branch Clinic, Vicarage Road	26	Tuesday mornings	
Greenhill Branch Clinic, Greenhill County School .. ..	8	Thurs. afternoons	
Manor Branch Clinic, Prince Edward County School .. ..	36	Tuesdays all day	
9, Newbould Lane .. ..	52	Wed. mornings and Fridays all day	
DISTRICT MEDICAL CLINICS:			
Attercliffe Branch Clinic, Vicarage Road .. ..	18	Mon., Tues., Wed., and Friday afternoons	} Inspection, minor ailment and immunisation clinics.
Central Clinic, 7, Leopold Street—			
District E .. ..	22	Mon., Wed., and Sat. mornings	
District F .. ..	25	Mon. and Thurs. afternoons & Sat. mornings	
Chaucer Branch Clinic, Chaucer Secondary School .. ..	7	Wed. and Fri. mornings	
Greenhill Branch Clinic, Greenhill County School .. ..	8	Tuesday mornings	
Handsworth Branch Clinic, Hall Road, Handsworth .. ..	12	Wed. mornings	
Heeley Branch Clinic, Lowfield County School .. ..	37	Mon., Tues. and Fri. afternoons	
Hillsborough Branch Clinic, Broughton Road .. ..	19	Mon., and Thurs. afternoons	
Manor Branch Clinic, Prince Edward County School .. ..	31	Mon., Tues., Wed. and Thurs. afternoons	
Pitsmoor Branch Clinic, Ellesmere Road County School .. ..	21	Mon., Tues. and Thurs. afternoons	
Shiregreen Branch Clinic, Shiregreen County School .. ..	16	Mon. and Wed. afternoons	
Southey Green Branch Clinic, Southey Green County School .. ..	5	Thurs. afternoons	
Wisewood Branch Clinic, Wisewood County School .. ..	6	Wed. and Fri. afternoons	
Wybourn Branch Clinic, Wybourn County School .. ..	5	Mon. and Thurs. mornings	

Clinic	No. of Schools	Times of Attendance	Work undertaken
DENTAL CLINICS: Central Clinic, 7, Leopold Street ..	133	Varies	{ Routine and casual dental treatment, special dental cases, dental radiography and M. & C.W. dental treatment.
Attercliffe Branch Clinic, Vicarage Road	20	„	{ Routine and casual dental treatment, dental radiography and M. & C.W. dental treatment.
Hatfield House Lane Branch Clinic, Hatfield House Lane County School	14	„	{ Routine and casual dental treatment, and M. & C.W. dental treatment.
Heeley Branch Clinic, Lowfield County School .. .. .	32	„	
Owler Lane Branch Clinic, Owler Lane County School .. .. .	18	„	
Rowlinson Branch Clinic, Rowlinson Technical School .. .. .	10	„	
Southey Green Branch Clinic, Southey Green County School .. .. .	11	„	



ATTENDANCES AT CLINICS

	Atter-cliffe	Pits-moor	Hills-boro'	Heeley	Central (E)	Central (F)	Green-hill	Hands-worth	Shire-green	Chaucer	Manor	Wise-wood	Southey Green	Wy-bourn	Special Depts.	Total
Inspection and Minor Ailments Clinics .. ..	3,007	3,240	1,369	2,624	1,851	1,917	1,540	1,262	1,916	1,290	3,417	1,544	576	2,205	—	27,758
Dressings by School Nursing Sisters—																
Eye cases .. ..	316	286	194	77	123		45	87	282	115	97	158	86	277	2,230	4,373
Ear cases .. ..	1,184	1,136	544	303	410		176	117	649	178	819	298	100	656	1,731	8,301
Minor .. ..	4,812	2,757	1,441	2,185	1,731		827	1,524	2,497	1,736	5,639	2,053	524	4,635	11,676	44,037
Treatment Clinics—																
Ophthalmic .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3,509	3,509
Orthoptic .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2,085	2,085
Aural .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	572	572
Orthopaedic .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	264	264
Rheumatism & Heart .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	62	62
Chiropody .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,755	1,755
Dental (Central & Branch)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	15,459	15,459
Diphtheria Immunisation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9,298	9,298
Child Guidance Centres .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4,616	4,616
Speech Therapy Clinics .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3,532	3,532
TOTALS .. ..	9,319	7,419	3,548	5,189	6,032		2,588	2,990	5,344	3,319	9,972	4,053	1,286	7,773	56,789	125,621

## INSPECTION AND MINOR

Condition	Atter-cliffe	Pits-moor	Hills-boro'	Heeley	Central (E)	Central (F)	Green-hill
SKIN—							
Ringworm—Scalp ..	—	—	—	—	—	—	—
Body ..	—	—	—	—	—	—	—
Scabies .. ..	12	13	6	—	4	4	—
Impetigo .. ..	1	7	—	2	3	7	4
Other .. ..	290	401	186	245	259	277	220
EYE—							
Defective vision ..	82	59	71	166	57	85	93
Squint .. ..	5	—	3	1	1	—	—
Other .. ..	83	102	29	45	26	25	25
EAR—							
Defective hearing ..	54	29	12	53	21	80	32
Otitis media .. ..	57	25	9	26	9	13	20
Other .. ..	126	120	40	67	29	45	21
NOSE AND THROAT—							
Chronic tonsillitis and adenoids .. ..	6	7	1	42	5	13	14
Other .. ..	137	87	37	85	10	8	20
SPEECH .. ..	12	5	4	29	14	19	7
LYMPHATIC GLANDS ..	1	—	1	—	—	—	—
HEART .. ..	2	—	1	4	3	5	8
LUNGS .. ..	31	3	4	29	4	8	29
DEVELOPMENTAL—							
Hernia .. ..	—	—	—	—	—	—	—
Other .. ..	—	1	—	—	—	—	1
ORTHOPÆDIC—							
Posture .. ..	—	—	—	3	—	2	—
Feet .. ..	—	—	—	—	—	—	—
Other .. ..	22	185	7	100	19	59	39
NERVOUS SYSTEM—							
Epilepsy .. ..	1	—	3	—	—	7	5
Other .. ..	1	1	—	7	2	2	4
PSYCHOLOGICAL—							
Development .. ..	7	—	3	5	—	2	4
Stability .. ..	12	4	3	57	3	14	18
ABDOMEN .. ..	15	—	—	7	2	—	7
OTHER .. ..	863	689	440	448	657	585	234
<b>Cases .. ..</b>	<b>1,820</b>	<b>1,738</b>	<b>860</b>	<b>1,421</b>	<b>1,128</b>	<b>1,260</b>	<b>805</b>
Attendances .. ..	3,007	3,240	1,369	2,624	1,851	1,917	1,540

AILMENTS CLINICS 1962

Hands- worth	Shire- green	Chaucer	Manor	Wise- wood	Southey Green	Wybourn	Total	Condition
—	—	—	—	—	—	—	—	SKIN—
—	—	2	—	—	—	—	2	Ringworm—Scalp
—	—	1	24	2	—	6	72	Body
—	2	1	4	—	—	3	34	Scabies
259	151	232	576	255	51	184	3,586	Impetigo
								Other
91	83	74	60	30	23	31	1,005	EYE—
1	—	—	6	—	—	—	17	Defective vision
17	51	51	112	55	10	50	681	Squint
								Other
23	43	6	18	15	11	3	400	EAR—
4	10	1	35	12	1	—	222	Defective hearing
44	53	23	167	42	14	125	916	Otitis media
								Other
—	13	—	5	—	3	1	110	NOSE AND THROAT—
40	99	6	10	87	18	473	1,117	Chronic tonsillitis
								and adenoids
15	10	2	11	11	5	4	148	Other
—	6	3	—	2	2	4	19	SPEECH
1	6	2	2	1	2	—	37	LYMPHATIC GLANDS
4	33	1	6	—	29	—	181	HEART
								LUNGS
—	—	—	1	—	—	—	1	DEVELOPMENTAL—
—	4	—	—	—	—	—	6	Hernia
								Other
—	1	—	4	—	—	—	10	ORTHOPÆDIC—
—	—	—	—	—	—	—	—	Posture
30	17	35	33	105	9	13	673	Feet
								Other
3	—	2	1	—	1	1	24	NERVOUS SYSTEM—
—	8	—	14	—	7	—	46	Epilepsy
								Other
—	2	4	8	—	1	—	36	PSYCHOLOGICAL—
8	16	—	6	—	5	1	147	Development
								Stability
—	30	2	17	2	12	27	121	ABDOMEN
212	444	132	795	271	75	494	6,339	OTHER
752	1,082	580	1,915	890	279	1,420	15,950	Cases
1,262	1,916	1,290	3,417	1,544	576	2,205	27,758	Attendances



# PRECIS, 1962

	Children	Attend- ances
SCHOOL MEDICAL OFFICERS AT SCHOOLS—		
Visits to Schools .. .. .	1,897	
Periodic Health Inspections .. .. .	14,376	
Selected cases .. .. .	2,923	
Re-inspections .. .. .	4,897	
Special cases .. .. .	2,350	
SCHOOL MEDICAL OFFICERS AT SCHOOL CLINICS—		
Inspection and Minor Ailments Clinics .. .. .	15,950	27,758
SCHOOL NURSING SISTERS AND NURSING ASSISTANTS—		
Examinations of children in schools .. .. .	225,760	
Visits to homes .. .. .	1,290	
Minor dressings at clinics and schools .. .. .	17,723	44,037
OPHTHALMIC CLINIC—		
Examined by the Surgeon .. .. .	3,250	3,509
Dressed by Nursing Sisters .. .. .	1,346	4,373
Orthoptic treatment .. .. .	712	2,085
AURAL CLINIC—		
Examined by the Surgeon .. .. .	452	572
Dressed by Nursing Sisters .. .. .	1,783	8,301
ORTHOPÆDIC CLINIC—		
Examined by the Surgeon .. .. .	229	264
RHEUMATISM AND HEART CLINIC—		
Examined by the Physician .. .. .	62	62
CHIROPODY CLINIC—		
Treated by the Chiropodist .. .. .	818	1,755
DENTAL CLINICS—		
Inspected at schools .. .. .	22,036	
Inspected at clinics .. .. .	3,799	
Treated by School Dental Surgeons .. .. .	8,482	15,459
IMMUNISATION AGAINST DIPHTHERIA, ETC.—		
At schools and clinics .. .. .	—	9,298
CHILD GUIDANCE CENTRE .. .. .	1,161	4,616
SPEECH THERAPY CLINIC .. .. .	399	3,532
TOTAL ATTENDANCE OF CHILDREN AT CLINICS .. .. .		125,621

HEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS							GIRLS						
Age	1920 Inches	1938 Inches	1945 Inches	1961 Inches	1962 Inches	Number Examined 1962	Age	1920 Inches	1938 Inches	1945 Inches	1961 Inches	1962 Inches	Number Examined 1962
5	40.5	42.44	42.93	43.26	43.35	2,821	5	40.75	42.13	42.64	42.93	42.91	2,678
6	42.75	44.76	44.77	45.63	45.64	2,823	6	42.45	44.24	44.63	45.37	45.25	2,609
7	44.4	47.09	46.98	48.08	47.99	2,722	7	44.05	46.77	46.59	47.71	47.63	2,686
8	46.9	49.21	49.84	50.24	50.21	2,832	8	46.9	48.86	48.85	49.99	49.86	2,685
9	48.45	50.47	50.38	52.41	52.3	2,806	9	47.95	50.39	51.22	52.05	51.9	2,555
10	49.8	52.28	54.31	54.26	54.26	2,721	10	50.25	52.13	54.38	54.1	54.13	2,586
11	53.55	53.98	54.91	56.12	56.03	2,612	11	51.1	55.28	55.62	56.47	56.39	2,533
12	54.05	56.42	56.44	58.09	58.2	2,393	12	54.5	57.52	57.96	58.89	58.8	2,206
13	55.7	57.91	59.1	60.48	60.57	2,469	13	56.05	58.9	60.02	60.74	60.74	2,526
14	56.45	59.8	60.38	63.2	63.14	2,694	14	57.	60.75	60.9	61.92	62.09	2,644
15	—	—	—	65.25	65.43	950	15	—	—	—	63.1	62.52	925
16	—	—	—	67.66	67.88	195	16	—	—	—	63.5	63 22	164

WEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS							GIRLS						
Age	1920 Pounds	1938 Pounds	1945 Pounds	1961 Pounds	1962 Pounds	Number Examined 1962	Age	1920 Pounds	1938 Pounds	1945 Pounds	1961 Pounds	1962 Pounds	Number Examined 1962
5	38.6	41.49	41.58	43.48	43.86	2,821	5	38.9	39.93	40.18	42.35	42.43	2,678
6	42.2	45.72	44.95	48.39	48.55	2,823	6	40.45	43.87	43.71	47.52	47.19	2,609
7	45.1	51.1	49.77	54.5	54.19	2,722	7	42.1	49.21	47.62	53.72	53.1	2,686
8	50.15	56.17	57.12	60.58	60.36	2,832	8	49.05	54.17	54.41	59.78	58.68	2,685
9	52.25	60.	61.73	67.47	67.09	2,806	9	52.2	58.	59.12	67.21	66.39	2,555
10	57.7	64.29	74.52	74.07	74.26	2,721	10	53.4	63.8	67.61	74.74	74.51	2,586
11	68.2	70.86	73.49	81.22	81.11	2,612	11	61.75	75.44	77.48	83.31	83.49	2,533
12	70.4	80.14	79.35	89.94	90.02	2,393	12	71.05	83.47	85.85	95.03	94.53	2,206
13	73.75	85.61	90.07	100.46	100.31	2,469	13	77.35	89.66	96.04	105.75	106.09	2,526
14	79.55	94.14	95.16	113.14	112.47	2,694	14	78.95	100.5	99.65	113.39	114.11	2,644
15	—	—	—	124.14	125.82	950	15	—	—	—	117.86	117.7	925
16	—	—	—	138.85	141.44	195	16	—	—	—	124.06	125.09	164



HEIGHTS

COMPARATIVE FIGURES FOR HEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

BOYS												GIRLS					
Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools		Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools	
	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches		No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches
5	2,821	43.35	860	43.76	1,408	43.22	553	43.06	5	2,678	42.91	710	43.38	1,397	42.81	571	42.54
6	2,823	45.64	785	46.11	1,458	45.55	580	45.25	6	2,609	45.25	732	45.71	1,351	45.16	526	44.84
7	2,722	47.99	813	48.32	1,388	47.9	521	47.75	7	2,686	47.63	744	48.06	1,395	47.56	547	46.9
8	2,832	50.21	785	50.74	1,493	50.11	554	49.73	8	2,685	49.86	743	50.27	1,432	49.78	510	49.46
9	2,806	52.3	799	52.74	1,475	52.23	532	51.8	9	2,555	51.9	719	52.56	1,295	51.77	541	51.35
10	2,721	54.26	776	54.67	1,393	54.15	552	53.96	10	2,586	54.13	728	54.91	1,320	53.97	538	53.48
11	2,612	56.03	744	56.58	1,303	55.94	565	55.53	11	2,533	56.39	642	56.9	1,289	56.32	602	56.01
12	2,393	58.2	599	58.49	1,340	58.26	454	57.62	12	2,206	58.8	638	59.41	1,134	58.67	434	58.25
13	2,469	60.57	683	60.93	1,302	60.63	484	59.89	13	2,526	60.74	689	61.14	1,350	60.7	487	60.3
14	2,694	63.14	701	63.81	1,479	62.95	514	62.79	14	2,644	62.09	745	62.64	1,425	61.85	474	61.55
15	950	65.43	348	66.06	479	65.18	123	64.61	15	925	62.52	363	62.77	460	62.5	102	61.74

WEIGHTS

COMPARATIVE FIGURES FOR WEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

BOYS										GIRLS									
Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools		Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools			
	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds		No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds		
5	2,821	43.86	860	44.53	1,408	43.57	553	43.55	5	2,678	42.43	710	43.27	1,397	42.33	571	41.64		
6	2,823	48.55	785	49.47	1,458	48.4	580	47.69	6	2,609	47.19	732	48.13	1,351	46.95	526	46.49		
7	2,722	54.19	813	54.79	1,388	54.22	521	53.13	7	2,686	53.1	744	53.86	1,395	52.9	547	52.56		
8	2,832	60.36	785	61.65	1,493	60.34	554	58.58	8	2,685	58.68	743	60.1	1,432	59.84	510	58.44		
9	2,806	67.09	799	68.35	1,475	66.93	532	65.66	9	2,555	66.39	719	67.86	1,295	66.23	541	64.83		
10	2,721	74.26	776	75.32	1,393	74.22	552	72.87	10	2,586	74.51	728	77.13	1,320	74.04	538	72.13		
11	2,612	81.11	744	83.12	1,303	80.68	565	79.44	11	2,533	83.49	642	85.25	1,289	82.36	602	82.36		
12	2,693	43.48	765	44.08	1,498	43.3	430	43.06	12	2,206	94.53	638	96.88	1,134	94.33	434	91.62		
13	2,469	100.31	683	101.94	1,302	100.41	484	97.73	13	2,526	106.09	689	107.39	1,350	106.19	487	104.1		
14	2,694	112.47	701	115.65	1,479	111.87	514	109.86	14	2,644	114.11	745	115.19	1,425	114.23	474	112.03		
15	950	125.82	348	126.68	479	126.26	123	121.65	15	925	117.7	363	118.63	460	117.98	102	117.18		

NURSERY SCHOOLS AND CLASSES

HEIGHTS

Boys					Girls				
Age	1957 Inches	1961 Inches	1962 Inches	Number examined 1962	Age	1957 Inches	1961 Inches	1962 Inches	Number examined 1962
2	35.78	36.23	35.96	12	2	35.13	34.99	35.41	14
3	37.94	38.14	38.61	192	3	37.46	37.59	38.13	190
4	40.	40.34	40.43	211	4	39.52	39.79	39.87	197

WEIGHTS

Boys					Girls				
Age	1957 Pounds	1961 Pounds	1962 Pounds	Number examined 1962	Age	1957 Pounds	1961 Pounds	1962 Pounds	Number examined 1962
2	30.71	32.26	33.14	12	2	29.38	29.55	31.27	14
3	34.85	34.58	35.77	192	3	33.88	32.94	34.5	190
4	38.47	38.32	38.97	211	4	36.86	36.93	37.18	197



MEDICAL INSPECTION AND TREATMENT RETURNS  
YEAR ENDED 31ST DECEMBER, 1962

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1963 . . 69,634

PART I.  
MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND  
SPECIAL SCHOOLS).

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected (2)	PHYSICAL CONDITION OF PUPILS INSPECTED				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		SATISFACTORY		UNSATISFACTORY		For defective vision (excluding squint) (7)	For any other condition recorded at Part II (8)	Total individual pupils (9)
		Number (3)	% of Col. 2 (4)	Number (5)	% of Col. 2 (6)			
1958 and later . .	633	633	100.	—	—	—	48	42
1957 . .	3,398	3,394	99.88	4	.12	76	412	394
1956 . .	3,010	3,010	100.	—	—	72	376	360
1948 . .	2,188	2,188	100.	—	—	124	208	295
1947 and earlier . .	5,147	5,146	99.98	1	.02	370	470	760
TOTAL . .	14,376	14,371	99.97	5	.03	642	1,514	1,851

TABLE B—OTHER INSPECTIONS

Number of Special Inspections	..	..	..	..	..	..	25,216
Number of Re-inspections	..	..	..	..	..	..	17,119
							<hr/>
			TOTAL	..	..	..	42,335

TABLE C—INFESTATION WITH VERMIN

(i)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	..	..	..	134,419
(ii)	Total number of individual pupils found to be infested	..	..	..	2,275
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	..	..	..	2,870
(iv)	Total number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	..	..	..	—

TABLE D—SCREENING TESTS OF VISION AND HEARING

1.	(a)	Is the vision of entrants tested ?	Yes.
	(b)	If so, how soon after entry is this done ?	Within first year of entry.
2.		If the vision of entrants is not tested, at what age is the first vision test carried out ?	—
3.		How frequently is vision testing repeated throughout a child's school life ?	Every other year.
4.	(a)	Is colour vision testing undertaken ?	Yes.
	(b)	If so, at what age ?	11 years.
	(c)	Are both boys and girls tested ?	Yes.
5.		By whom is vision and colour testing carried out ?	School nursing sisters ; doubtful cases referred to School Medical Officers.
6.	(a)	Is audiometric testing of entrants carried out ?	Yes.
	(b)	If so, how soon after entry is this done ?	At 6 years of age.
7.		If the hearing of entrants is not tested, at what age is the first audiometric test carried out ?	—
8.		By whom is audiometric testing carried out ?	School nursing sisters.

## PART II.

### DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A—PERIODIC INSPECTIONS

Defect or Disease  (1)	PERIODIC INSPECTIONS							
	Entrants		Leavers		Others		Total	
	Requiring Treatment (2)	Requiring observation (3)	Requiring Treatment (4)	Requiring Observation (5)	Requiring Treatment (6)	Requiring Observation (7)	Requiring Treatment (8)	Requiring Observation (9)
Skin .. .. .	92	96	150	52	—	—	242	148
Eyes—(a) Vision .. ..	148	618	370	202	—	—	518	820
(b) Squint .. ..	87	145	12	9	—	—	99	154
(c) Other .. ..	31	19	9	14	—	—	40	33
Ears—(a) Hearing .. ..	120	124	63	15	—	—	183	139
(b) Otitis Media .. ..	50	86	30	30	—	—	80	116
(c) Other .. ..	77	47	44	8	—	—	121	55
Nose and Throat .. ..	195	502	54	24	—	—	249	526
Speech .. .. .	28	225	3	6	—	—	31	231
Lymphatic Glands .. ..	11	113	—	8	—	—	11	121
Heart .. .. .	15	118	6	28	—	—	21	146
Lungs .. .. .	29	154	7	25	—	—	36	179
Developmental—								
(a) Hernia .. ..	8	45	—	1	—	—	8	46
(b) Other .. ..	2	164	18	9	—	—	20	173
Orthopaedic—								
(a) Posture .. ..	1	18	3	13	—	—	4	31
(b) Feet .. ..	28	90	21	46	—	—	49	136
(c) Other .. ..	21	151	24	23	—	—	45	174
Nervous System—								
(a) Epilepsy .. ..	5	38	4	10	—	—	9	48
(b) Other .. ..	2	11	—	8	—	—	2	19
Psychological—								
(a) Development .. ..	8	23	—	44	—	—	8	67
(b) Stability .. ..	15	268	12	16	—	—	27	284
Abdomen .. .. .	4	10	2	2	—	—	6	12
Other .. .. .	7	41	8	13	—	—	15	54



TABLE B—SPECIAL INSPECTIONS

DEFECT OR DISEASE	SPECIAL INSPECTIONS	
	Requiring Treatment	Requiring Observation
Skin .. .. .	3,808	68
Eyes—(a) Vision .. .. .	1,052	647
(b) Squint .. .. .	47	40
(c) Other .. .. .	683	29
Ears—(a) Hearing .. .. .	484	109
(b) Otitis Media .. .. .	238	46
(c) Other .. .. .	945	43
Nose and Throat .. .. .	1,277	184
Speech .. .. .	168	64
Lymphatic Glands .. .. .	20	35
Heart .. .. .	39	68
Lungs .. .. .	175	118
Developmental—		
(a) Hernia .. .. .	4	5
(b) Other .. .. .	45	74
Orthopædic—		
(a) Posture .. .. .	15	23
(b) Feet .. .. .	34	67
(c) Other .. .. .	685	60
Nervous System—		
(a) Epilepsy .. .. .	22	36
(b) Other .. .. .	43	31
Psychological—		
(a) Development .. .. .	62	54
(b) Stability .. .. .	165	156
Abdomen .. .. .	101	30
Other .. .. .	4,103	300

### PART III.

#### TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	642
Errors of refraction (including squint) .. .. .	2,991
TOTAL .. .. .	<u>3,633</u>
Number of pupils for whom spectacles were prescribed ..	2,852

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment :—	
(a) for diseases of the ear .. .. .	31
(b) for adenoids and chronic tonsillitis .. .. .	1,613
(c) for other nose and throat conditions .. .. .	15
Received other forms of treatment .. .. .	2,579
TOTAL .. .. .	<u>4,238</u>
Total number of pupils in schools who are known to have been provided with hearing aids :—	
(a) in 1962 .. .. .	16
(b) in previous years .. .. .	191

TABLE C—ORTHOPÆDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments ..	887
(b) Pupils treated at school for postural defects .. .. .	9
TOTAL .. .. .	<u>896</u>

TABLE D—DISEASES OF THE SKIN  
(excluding uncleanliness, for which see Table C of Part I)

	Number of cases known to have been treated
Ringworm—(a) Scalp .. .. .	—
(b) Body .. .. .	2
Scabies .. .. .	72
Impetigo .. .. .	34
Other Skin Diseases .. .. .	2,815
TOTAL .. .. .	<u>2,923</u>

TABLE E—CHILD GUIDANCE TREATMENT

Number of pupils known to have been treated at Child Guidance Clinics .. .. .	1,161
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TABLE F—SPEECH THERAPY

Number of pupils known to have been treated by Speech Therapists .. .. .	403
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TABLE G—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments .. .. .	4,690
(b) Pupils who received convalescent treatment under School Health Service arrangements .. .. .	168
(c) Pupils who received B.C.G. Vaccination .. .. .	5,326
(d) Other than (a), (b) and (c) above—	
Chiropody .. .. .	818
Diphtheria Immunisation, etc. (See pages 48 to 50 of this Report)	
Heart .. .. .	16
Chest Clinic .. .. .	1,012
Orthoptic .. .. .	712
TOTAL (a) — (d) .. .. .	<u>12,742</u>



## PART IV.

### DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(A) *Dental and Orthodontic Work :*

(1)	Number of pupils inspected by the Authority's Dental Officers :—							
(a)	At Periodic Inspections	..	..	..	..	..	..	22,036
(b)	As Specials	..	..	..	..	..	..	3,799
	TOTAL (1)	..	..	..				25,835
(2)	Number found to require treatment	..	..	..	..	..		17,101
(3)	Number offered treatment..	..	..	..	..	..		13,726
(4)	Number actually treated	..	..	..	..	..		8,482
(B)	<i>Dental Work (other than Orthodontics) :</i>							
(1)	Number of attendances made by pupils for treatment, excluding those recorded at heading (C) (1) below	..	..	..	..	..		15,459
(2)	Half-days devoted to :—							
	Periodic (School) Inspection	..	..	..	..	..		162
	Treatment	..	..	..	..	..		2,018
	TOTAL (2)	..	..	..				2,180
(3)	Fillings :—							
	Permanent teeth	..	..	..	..	..	..	6,008
	Temporary teeth	..	..	..	..	..	..	127
	TOTAL (3)	..	..	..				6,135
(4)	Number of teeth filled :—							
	Permanent teeth	..	..	..	..	..	..	5,274
	Temporary teeth	..	..	..	..	..	..	127
	TOTAL (4)	..	..	..				5,401
(5)	Extractions :—							
	Permanent teeth	..	..	..	..	..	..	2,793
	Temporary teeth	..	..	..	..	..	..	8,535
	TOTAL (5)	..	..	..				11,328
(6)	Administration of general anæsthetics for extraction	..	..	..				6,188
(7)	Number of pupils supplied with artificial teeth	..	..	..				73
(8)	Other operations :—							
	Permanent teeth	..	..	..	..	..	..	2,266
	Temporary teeth	..	..	..	..	..	..	29
	TOTAL (8)	..	..	..				2,295
(C)	<i>Orthodontics :</i>							
(1)	Number of attendances made by pupils for treatment..	..	..					481
(2)	Half-days devoted to treatment	..	..	..	..	..		48
(3)	Cases commenced during the year	..	..	..	..	..		35
(4)	Cases brought forward from previous year	..	..	..	..	..		27
(5)	Cases completed during the year	..	..	..	..	..		30
(6)	Cases discontinued during the year	..	..	..	..	..		15
(7)	Number of pupils treated by means of appliances	..	..	..	..	..		62
(8)	Number of removable appliances fitted	..	..	..	..	..		51
(9)	Number of fixed appliances fitted	..	..	..	..	..		16

**HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9 (5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES, YEAR 1962.**

During the calendar year 1962 :— Number of handicapped pupils who were :—	(1) Blind (2) Partially sighted		(3) Deaf (4) Partial Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally Sub-normal		(9) Epileptic (10) Speech Defects		TOTAL (1) — (10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
A. Newly assessed as needing special educational treatment at Special Schools or in Boarding Homes (other than Hospital Special Schools) ..	—	3	5	4	20	83	2	105	2	1	225
B. (i) Number of these newly placed (ii) Placed during the year but assessed prior to 1-1-62 ..	—	3	5	2	17	74	2	72	2	—	177
	1	1	1	1	—	4	—	15	—	—	23
On or about 20th January, 1963 :— Number of handicapped pupils who were :—	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partial Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally Sub-normal		(9) Epileptic (10) Speech Defects		TOTAL (1) — (10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
C. Requiring places in Special Schools (i) TOTAL :— (a) Day .. .. (b) Boarding .. .. Number of pupils included in these totals :— (ii) Who had not reached the age of 5 and were awaiting :— (a) Day places .. .. (b) Boarding places .. .. (iii) Who had reached the age of 5 but whose parents had not con- sented to their admission to a Special School and awaiting :— (a) Day places .. .. (b) Boarding places .. ..	—	—	—	—	—	—	—	—	—	—	9*
	—	—	—	1*	1*	1*	—	—	—	1*	4*
	—	—	—	—	—	—	—	1	—	—	1
	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—

On or about 20th January, 1963:— Number of handicapped pupils who were :—		(1) Blind (2) Partially Sighted		(3) Deaf (4) Partial Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally Sub-normal		(9) Epileptic (10) Speech Defects		TOTAL (1-10)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
<b>D.</b> (i) On the registers of—												
(1) Maintained Special Schools as :—												(11)
(a) Day pupils .. ..		—	18	39	11	98	253	—	519	—	—	938
(b) Boarding pupils.. ..		10	1	3	3	11	40	—	12	—	—	80
(2) Non-Maintained Special Schools as :—												
(a) Day pupils .. ..		—	—	—	—	—	—	—	—	—	—	—
(b) Boarding pupils.. ..		7	—	7	—	4	5	1	10	2	—	36
(ii) On the registers of Independent Schools under arrangements made by the Authority .. ..		—	—	—	—	1	—	5	—	—	—	6
(iii) Boarded in Homes and not already included under (i) or (ii) above .. ..		—	—	—	—	1	12	—	—	—	—	13
TOTAL (D) .. ..		17	19	49	14	115	310	6	541	2	—	1,073
<b>E.</b> Being educated under arrangements made under Section 56 of the Educa- tion Act, 1944 :—												
(i) In City General Hospital .. ..		—	—	—	—	42	—	—	—	—	—	42
(ii) In other groups .. ..		—	—	—	—	—	—	—	—	—	—	—
(iii) At Home .. ..		—	—	—	—	5	2	—	—	—	—	7

\* Places are available for the 12 pupils aged 5 years and over, but admission dates are yet to be arranged

G. During the *calendar year* ended 31st December, 1962 :—

(i) Number of children subject of new decisions recorded under Section 57(4) of the Education Act, 1944	..	..	..	33
(ii) Number of reviews carried out under Section 57(A) of the Education Act, 1944	..	..	..	2
(iii) Number of decisions cancelled under Section 57A(2) of the Education Act, 1944	..	..	..	—



**COST OF THE SCHOOL HEALTH SERVICE, YEAR ENDED 31ST MARCH, 1962.**

SECTION	Gross Expenditure	Income	Net Expenditure	Cost in terms of a Penny Rate	
				Gross Expenditure	Net Expenditure
	£	£	£	d.	d.
Medical Inspection and Treatment ..	133,431	4,111	129,320	4·74	4·60
Special Schools .. ..	341,708	86,393	255,315	12·15	9·08
TOTALS .. ..	475,139	90,504	384,635	16·89	13·68

## PHYSICAL EDUCATION

*"The game is up."*

Shakespeare, "Cymbeline," III, 3.

By Mr. L. Morant, Organiser of Physical Education.

### **"1. Introduction**

During the year under review, efforts have been maintained to create an environment which would make it possible for all members of the community to enjoy the benefits of a rational scheme of Physical Education which is designed to stimulate interest, to encourage natural growth and physical and mental development, and to provide opportunities for participation in healthy recreation in a pleasant and satisfying social atmosphere.

The programme of new building and the rehabilitation of old schools envisaged in the Development Plan have made it possible to improve the facilities for Physical Education at Crookesmoor, Nether Green, Sharrow Lane and Springfield Junior and Infant Schools, whilst the opening of St. Paul's R.C. Secondary Modern School with its excellent facilities near the centre of the City and the consequent improvements of St. Vincent's and St. Oswald's R.C. Junior and Infant Schools have been very encouraging.

At the same time, playing field development has continued satisfactorily and new athletics areas have been constructed at Crowder House, Cadman Road and Bents Green Playing Fields and at Hurlfield Secondary School for Girls. A large, all-weather, games surface has been laid down at the new Hinde House Secondary School, which it is hoped will be the first of many. It is becoming increasingly evident that the difficulty of providing and maintaining adequate areas of turf to meet all the needs of an urban population is practically insuperable. If the demand is to be met, it will be necessary to provide more all-weather surfaces which whilst suitable for all games except rugby, are durable, easily maintained and readily available in all but the very worst weather conditions.

In spite of the improvements described, there is no cause for complacency and it is regrettable that prevailing economic conditions have continued to make it impossible to provide school swimming baths which could be available for adult classes and clubs in the evening. The present necessity to transport many parties of children to and from distant baths is wasteful of time and money, and there is the additional disadvantage that on some occasions classes of beginners have to be instructed when the bath is already crowded by members of the general public.

The fact that there were more school leavers last year than at any time in the last 30 years has emphasised the need for an expansion of facilities for recreation, particularly when it is appreciated that young people will have

more leisure time than ever before, and the way in which they have been trained to use this spare time will have a great effect on their future welfare and happiness. There is a growing demand for facilities such as sports halls and floodlit playgrounds where the major games and recreational activities can be practiced all the year round, and also for opportunities to participate in sports such as badminton, fencing, rock-climbing, sailing and canoeing and golf which were formerly available only for the privileged few.

There has been an increase in the number of classes provided under the scheme for Further Education and they have been supported by larger numbers than before. Classes in judo, fencing, olympic gymnastics, swimming and life saving have proved very popular.

## **2. Activities in Schools**

### *(a) Physical Education*

Further steady progress has been made at all stages of school life in presenting the work in a manner which pays due regard to modern educational thought, and to existing knowledge about the growth and development of children and young people. The former demand for regimented response to a command has been replaced by methods which demand individual thought and action from each child according to its powers. The result obtained is then improved by training the powers of observation, sharpening the critical faculty and stimulating the imagination so that each child works to full capacity with enjoyment, without attempting to produce a uniform pattern.

In pursuit of the educational aims of developing initiative, self-confidence and a sense of responsibility towards others, every effort has been made to widen the experience of pupils at all stages of their school life. In the primary schools this has been done by providing sufficient apparatus for a child to enjoy participation in all forms of interesting movement whether it be swinging, climbing, hanging, response to music or dramatic situations, games, skills or swimming.

This process is continued in the secondary schools by the addition of activities appropriate to age and it has been pleasing to note the wide scope of programmes offered. In addition to the opportunities normally provided for girls to play netball and rounders, and boys to play association and rugby football and basket-ball, whilst both play badminton, cricket, hockey and tennis, several schools have developed programmes of outdoor pursuits such as camping, canoeing, golf, rock-climbing, sailing, youth hostelling. These activities do not require the participation of an organised team, but provide a challenge to individuals or small groups, whilst developing a love of healthy



outdoor recreation. The Duke of Edinburgh's Award Scheme has provided an incentive and 23 schools are now providing training for the various standards. An educational advantage of this scheme is that it demands individual, sustained, voluntary effort.

There is still a serious shortage of specialist women teachers in secondary schools, which means that girls over 11 years of age are not enjoying the full advantages of the excellent facilities the Authority is providing.

To assist the teachers and leaders to use their facilities and equipment to the greatest effect, members of the organising staff have visited each school and youth organisation at least once during the year. On these visits advice has been given and demonstration lessons have been taken either for individuals or for the entire school staff at the end of an afternoon session.

In addition, the following courses have been organised and conducted. Unfortunately, these lose some of their effect because they are held out of school hours and it is hoped that as the general staffing situation improves it will be possible to release teachers for some part of the school day to attend courses.

Teacher's Courses					Number enrolled
3 Courses for teachers of infants	..	..	..	..	108
Netball coaching course for women teachers	..	..	..	..	36
Course for Coaching Certificate of the Football Association	..	..	..	..	15
Course for M.C.C. Cricket Coaching Certificate	..	..	..	..	23
Course for Basket-Ball Referee's Certificate	..	..	..	..	12
Swimming course for teachers (Woodthorpe Baths)	..	..	..	..	24
Course for men leaders in youth clubs and evening institutes					36
Course for women leaders in youth clubs and evening institutes					36
Course for coaches of judo	..	..	..	..	50
Course for fencing coaches	..	..	..	..	18

(b) *Games*

The weather of the past year has militated against the development of playing fields and there has been no significant increase in provision. The new fields are still having to be used with care until they consolidate, and to assist this process many schools concentrate on cross-country running in mid-winter.

Excellent arrangements are made for inter-school competition and head teachers have shown themselves to be keenly aware of the opportunities for social training in a well-conducted games scheme. It is becoming quite common to see as many as 100 pupils from a school playing simultaneously in a variety of games against another school. The fixture lists are no longer parochial and are obviously designed to provide new experiences and environments.

The usual considerable number of inter-school leagues and tournaments have been arranged by enthusiastic teachers. The results are summarised below. :-

(i) Association Football

Competition	No. of Teams	Winners	Runners-up
Knock-out .. .. .	16	Wybourn Secy.	Hurlfield Boys' Secy.
City League .. .. .	20	Shirecliffe Secy.	Pipworth Road Secy.
Clegg Shield .. .. .	16	Newfield Boys' Secy.	Beaver Hill Secy.
United Shield .. .. .	16	Wybourn Secy., Langsett Road Secy.	} Joint winners
Wednesday Shield .. .. .	18	St. Peter's R.C. Secy.	Chaucer Secy.
Handsworth Cup .. .. .	16	Wybourn Secy.	Shiregreen Secy.
Gleeson Cup .. .. .	5	St. Vincent's R.C.	St. Theresa's R.C.
Catholic League Championship .. .. .	4	St. Oswald's R.C.	St. Vincent's R.C.

The following boys gained County Honours during the season :

- L. Heaton (Tinsley County School)
- W. J. Morton (Shiregreen Secondary School)
- D. Munks (Jordanthorpe Boys' Secondary School)
- W. Smith (Pipworth Road Secondary School)

(ii) Rugby Football

An increasing number of schools have included this game in their games programme. 22 teams took part in the annual tournament in the mid-term holiday, when it was very pleasing to see the improved standard of play. Good coaching is obviously having its effect and it was interesting to see new schools faring well against schools with a long tradition in the game.

The competition winners were :—

Price Cup .. .. .	Hartley Brook Secondary
Luther Milner Trophy .. .. .	Hartley Brook Secondary
Sheffield Tigers' 9-a-side .. .. .	High Storrs Grammar

(iii) Hockey (Girls)

This year, 15 schools took part in the league competition, which was divided into 3 sections. In the semi-finals and finals the results were :

Norfolk Secondary	1	v	Hurlfield Girls'	0
Shirecliffe Secy.	1	v	Meynell Road Secy.	3
Norfolk Secondary beat Meynell Road Secondary 8—0				

The 7th Annual Hockey Tournament was most successful and it was very pleasing to see the improved standard of performance. Thirteen teams took part.

Results in the semi-finals were :—

Norfolk Secondary	3	v	Tapton Secondary	0
City Grammar	2	v	St. Oswald's R.C.	0



In the final :—

Norfolk Secondary beat City Grammar 1—0

For the first time, a team of girls under 15 years of age was chosen from secondary modern schools to represent the City. The team played three matches during the season, with the following results :—

v. North Riding of Yorkshire	won	2—1
v. High Storrs Grammar School	lost	1—3
v. Abbeydale Grammar School	won	3—0

(iv) *Hockey (Boys)*

An increasing number of schools arrange coaching and friendly matches and this is proving a very popular winter game. It also provides an additional opportunity for boys who are not particularly attracted by association or rugby football.

(v) *Cricket*

In spite of the poor weather last season, good results were obtained by a purposeful system of coaching. Mass instruction in the basic skills given indoors was followed wherever possible by practice on hard wickets which could be used as soon as the rain stopped. In addition, 150 boys received instruction from enthusiastic teachers at the Bramall Lane indoor nets.

The City team won their division in the Yorkshire Schools' Cricket Championship for the fifth time in six years. Two boys, Andrew Burgin and David Tranfield played in all matches for the Yorkshire Boys' team and Andrew was the second Sheffield boy to play for England in three years.

The results of the local competitions were as follows :—

Competition	No. of Teams	Winners
Stokes Shield .. .. .	20	Pipworth Road Secondary
Barber Shield .. .. .	20	St. Peter's R.C. Secondary

(vi) *Netball*

The Annual City Netball Tournament was held at Hurlfield Girls' School on the 19th March, 1962. 53 teams took part. Meynell Road Secondary School maintained their phenomenal record of success in this event by winning both the senior and intermediate sections. Hatfield House Lane Secondary and Beaver Hill Secondary Schools were the runners-up in the respective sections. A regular programme of inter-school matches was played throughout the season.

The results of the inter-schools competitions were as follows :—

Competition	No. of Teams	Winners	Runners-up
Graves Shield .. .. .	27	Meynell Road Secy.	Hatfield House Lane Secy.
Creswick Trophy .. .. .	27	Beaver Hill Secy.	Hatfield House Lane Secy.



(vii) *Rounders*

The annual tournament held at the Abbeydale Girls' Grammar School was a great success. Approximately 1,500 children and 200 teachers were present, and 5 knock-out tournaments proceeded simultaneously on the 22 pitches prepared.

The results of the inter-school competitions were as follows :—

League

Competition	No. of Teams	Winners	Runners-up
Lady Roberts Shield ..	26	Hurlfield Secy.	Wybourn Secy.
Fred Bye Trophy ..	29	St. Theresa's R.C.	Meynell Road Secy.
Quine Trophy .. ..	12	Hatfield House Lane Secy.	Beaver Hill Secy.
Eaton Cup .. ..	46	Newhall Junior	Hatfield House Lane Junior
Carr Cup .. ..	48	Whitby Road Junior	Abbey Lane Junior

Tournament

Competition	No. of Teams	Winners	Runners-up
Slavin Cup .. ..	38	Meynell Road Junior	Woodseats Junior
Brightside Cup ..	35	Hatfield House Lane Junior	Wybourn' Junior
Miller Trophy .. ..	26	Hurlfield Girls' Secondary	St. Peter's R.C. Secy.
Drew Trophy .. ..	28	Meynell Road Secy.	St. Theresa's R.C.

(viii) *Basket-Ball*

This game is increasing in popularity as facilities for playing improve. There has also been a tremendous improvement in the standard of play. The 6th annual tournament took place in the Jordanthorpe and Rowlinson Gymnasia. 24 teams entered and Newfield Secondary School were the eventual champions, with Myers Grove Comprehensive School the runners-up.

(ix) *Tennis*

The Authority now has over 100 hard tennis courts under its control, all of which are used regularly in the season for class-coaching purposes and for match play.

A very successful tennis league was conducted throughout the year and the annual tournament was again held at Myers Grove Comprehensive School. The results were as follows :—

League						
Competition				Winners	Runners-up	
Girls' Doubles	..	..	..	Tapton Secondary	Norfolk Secondary	
Mixed Doubles	..	..	..	Tapton Secondary	Myers Grove Comprehensive	
Boys' Doubles	..	..	..	Silverdale Secondary	Myers Grove Comprehensive	

Tournament						
Competition				Winners	Runners-up	
Girls' Doubles	..	..	..	Silverdale Secondary	Shirecliffe Secondary	
Mixed Doubles	..	..	..	Tapton Secondary	Myers Grove Comprehensive	
Boys' Doubles	..	..	..	Tapton Secondary	Myers Grove Comprehensive	

(x) *Badminton*

Like tennis, this game has been conducted as a club activity with pupils taking much of the responsibility for the arrangement of matches and the entertainment of visiting teams. The standards of play, dress and behaviour are very creditable to all concerned.

An inter-schools league provided an interesting series of evening matches throughout the season and the finals were held at Hinde House Secondary School.

The winners were as follows :—

League						
Girls' Doubles	..	..	..	Waltheof Secondary		
Boys' Doubles	..	..	..	Newfield Secondary		
Mixed Doubles	..	..	..	Waltheof Secondary		

Tournament						
Girls' Doubles	..	..	..	Hinde House Secondary		
Boys' Doubles	..	..	..	Newfield Secondary		
Mixed Doubles	..	..	..	Hinde House Secondary		

(c) *Athletics*

Further progress has been made with the provision of training areas and all secondary school pupils can now practise under proper conditions the athletic skills learned in the gymnasia. The improved facilities, the greater numbers taking part and the good coaching being given have naturally produced improved standards and at the annual athletics championships at the Hillsborough Stadium records were broken in almost every event. Hatfield House Lane Secondary School won the Schools' Championship, with Abbeydale Secondary School the runners-up.

A strong team was sent to the Yorkshire Schools' Championships at Bridlington, when 3 boys and 2 girls became county champions in their events and a boy was second in the pole vault. Several were chosen to represent Yorkshire in the Inter-County Championships, when Paula Gregory of the College of Technology was 2nd in the 880 yards for senior girls, and R. Fenn of the City Grammar School was 4th in the junior boys' putting-the-weight.

Cross-country running maintains its popularity in boys' schools and the inter-schools' league which meets every Saturday morning throughout the season has been supported by 32 schools.

37 teams took part in the inter-schools' championship for the Senior Atkin Trophy, which was won by Tapton Secondary School.

(d) *Dance*

Throughout the City, children continue to enjoy regular lessons in dancing. Every effort has been made to develop a scheme which is as wide as possible in scope, so that pupils may enjoy the benefits of traditional dances which are part of the national heritage, but at the same time have the opportunity to use their imagination and skill in movement to create original dances. Appropriate correlation with the study of drama has provided the basis for a form of expression which is both educational and recreational.

*Sheffield Æsthetic and National Dance Society*

The Society met weekly during the spring and autumn terms and enjoyed a varied programme of national and creative forms of dancing. Early in the year, the Society was very pleased to welcome Mr. K. Clark from Birmingham to take square dancing. This was a very successful evening, with Mr. Clark's emphasis on social dancing greatly in evidence. The annual party for children brought the spring term to a close.

During the autumn term, the Society concentrated on modern educational dance. The first sessions showed how percussion could be used to accompany and stimulate movement. Miss C. Dove from Matlock Training College developed this theme in a very helpful lecture-demonstration. In the second part of the term, Miss J. Tomlinson from Lady Mabel College paid a return visit to the Society.

(e) *Camping and School Journeys*

Each year, more schools are realising the educational value of well-organised camps or expeditions. Almost all secondary schools organise expeditions to centres of geographical or cultural interest abroad, but there has also been an increase in the organisation of camps in this country at which



the pupils have to take considerable responsibility for the routine duties involved in living communally in a strange environment. At these camps, the opportunity is usually taken of introducing them to outdoor pursuits which may become a healthy recreational interest when schooldays are over. Hill-walking, map-reading, rock-climbing and canoeing have all been introduced in this way.

The educational value of arranging for parties to live together in an environment as different as possible from that normally met at home and school is most marked. This was noted particularly in the case of camps arranged by a special school for E.S.N. boys. The necessity for accepting responsibility, taking initiative and co-operating with others all provide valuable training, and this work which is done voluntarily by teachers out of school hours should be encouraged, and is worthy of development on a larger scale.

(f) *Swimming*

The policy of placing the main emphasis on the instruction of all children between the ages of 10 and 12 years continues to produce satisfactory results. As in other aspects of physical education, methods of instruction have been evolved which take more account of individual abilities and potentialities, have as their main aim that the pupil should move with confidence in the water as soon as possible, and are less concerned in the initial stages, with the drilling of particular strokes.

To assist the Royal Life Saving Society in its production of a new manual, a considerable amount of experimental work has been done on the relative values of new techniques and water skills associated with rescue work.

It was unfortunate that the Corporation Street Baths was closed, particularly as its size, smaller than average, made it very suitable for the teaching of beginners and handicapped people, but places were found in other baths for all the classes attending.

Despite the emphasis on the teaching of non-swimmers the results in life-saving and competitive swimming are still very good.

ATTENDANCES IN SCHOOL TIME	
Year	No. of Attendances
1959	295,134
1960	306,138
1961	267,584
1962	309,737

DISTANCE CERTIFICATES

Lengths in Yards	Boys				Girls			
	1959	1960	1961	1962	1959	1960	1961	1962
25	2,937	2,906	2,852	2,779	2,486	2,644	2,688	2,511
100	2,199	2,251	2,156	2,161	1,741	2,027	1,943	1,737
440	1,636	1,816	1,699	1,657	1,219	1,409	1,310	1,291
880	2,383	1,602	1,537	1,491	851	1,030	988	919
TOTALS	8,155	8,575	8,244	8,088	6,297	7,110	6,929	6,458

Grand Totals	1959	..	..	14,452
	1960	..	..	15,685
	1961	..	..	15,173
	1962	..	..	14,546

(i) *Life Saving*

Awards made by the Royal Life Saving Society for success in their examinations were as follows :—

	1961	1962
Intermediate Certificate .. ..	1,598	1,467
Bronze Medallion .. ..	1,133	902
Bronze Cross .. ..	37	20
Scholar Instructor .. ..	24	24
Instructor .. ..	23	17
Award of Merit .. ..	20	12

Sheffield has a very proud record for the number of awards gained and from reports received it is clear that the quality of performance of the candidates was also well maintained.

Other life-saving awards gained by Sheffield schools were :—

The Viner Shield .. ..	Carbrook C.E. School
The Bolton Memorial Cup	Waltheof Secondary School
The Potter Cup—Girls ..	Waltheof Secondary School
Boys ..	Waltheof Secondary School
The William Henry Cup—	
Boys ..	Waltheof Secondary School
Girls ..	Girls' High School

A team of boys from Waltheof Secondary School took part in the National Life-Saving Championships which were held at Southampton, obtaining third place out of the other twelve champions competing. Credit is due to the staff of this school for the excellent life-saving results obtained.

(ii) *Awards of Merit*

These awards are made by the Sheffield Schools' Swimming Association and can only be gained by very accomplished swimmers :—

Year	Boys	Girls	Total
1962	59	26	85
(1961)	(51)	(20)	(71)

(iii) *Free Passes to Baths*

Every school where 20 or more pupils obtain certificates is awarded one free pass annually for boys and one for girls by the Cleansing and Baths Committee. A similar privilege is granted by the Education Committee to schools attending the Woodthorpe and King Edward VII swimming baths. These passes provide an incentive and give the more capable children an opportunity to make the most of their talents.

Passes were awarded as follows :—

City Teams	..	..	..	..	..	..	44
Training Scheme	..	..	..	..	..	..	65
Schools attending Public Baths	..	..	..	..	..	..	234
Woodthorpe and King Edward VII Baths	..	..	..	..	..	..	36
TOTAL	..	..	..	..	..	..	<u>379</u>

(iv) *H.M.S. "Sheffield" Trophy*

The artificers of H.M.S. "Sheffield" made this trophy and presented it to the Education Committee for the purpose of encouraging swimming in the schools. The competition was won by Waltheof Secondary School.

(v) *The Winter Squadron Leagues*

These competitions continued to maintain interest in inter-school swimming throughout the winter and Mr. H. Hughes, the secretary, is to be congratulated on the good work done.

The results were :—

					Winners
Senior :	Boys	..	..	..	Abbeydale Secondary
	Girls	..	..	..	Abbeydale Secondary
Junior :	Boys	..	..	..	Hatfield House Lane Secondary
	Girls	..	..	..	Upperthorpe Mixed



(vi) *English Schools' Advanced Award*

This award demands all-round proficiency in swimming, both in style and speed, and above-average ability in diving. In 1962, 9 boys and 8 girls from Sheffield schools were successful.

(vii) *Further Education*

The swimming classes arranged in connection with Evening Institutes were well attended and generally successful. A number of adult men and women were taught to swim, and 11 men at Prince Edward Evening Institute were successful in obtaining the Bronze Medallion of the Royal Life Saving Society, although 3 were unable to swim when the session began.

### 3. School Sports and Tournaments

The number of schools organising their own open days, sports days and swimming galas is constantly increasing. These occasions, which are naturally the culmination of much hard work, serve a very useful purpose in acting as an incentive to teachers and children, in establishing good relations between staff, parents and members of the public, and in improving the prestige of the school as an influence for good in its environment.

### 4. Out-of-School Activities

Thanks are due to the many teachers whose work on behalf of children extends far beyond the normal school hours. The children of Sheffield are fortunate in the amount, scope and quality of the voluntary efforts made for their benefit. It is not without significance that many Sheffield teachers are prominent in the organisation of schools' sport at county and national level. Although the teachers concerned derive their main pleasure from the physical and social development of their charges, it is appropriate that their devoted service should receive this acknowledgment.

Among the organisations working consistently throughout the year are the Schools' Athletic Association and the Schools' Swimming Association. Other organisations making valuable contributions are the Teachers' Folk Dance Club, the Æsthetic and National Dance Society, the Teachers' Netball Club, and the Men Teachers' Cricket, Hockey and Football Clubs.

(a) *The Sheffield Schools' Athletics Association*

The members of this association, the second oldest of its type in the country, have a proud record of 71 years' voluntary service for the children of the City's schools. An innovation this year has been the formation of a sailing section. The constituent sub-committees have all organised coaching and competitions in their own activities and their efforts have again been co-ordinated by the general secretary, Mr. E. Cornthwaite. The secretary of the association football section, Mr. C. Cawsey, again reports a successful season, with the many league competitions completed.

The rugby football section under the leadership of Mr. Gallagher has continued to develop and now seems to be prepared for a period of rapid expansion.

The rounders section under Mr. Albaya and the netball section under Mrs. Ellis have both had a busy and successful year, during which they have catered for very large numbers in league competitions and rallies.

Mr. H. Whitham, the secretary of the athletics section, reports a very active season in which Sheffield children have been successful in county and national events.

*(b) The Sheffield School's Swimming Association*

The association has had its normal year of great activity and considerable success. In the Yorkshire Schools' Swimming Championship, Sheffield were again successful with a total of 102 points, York being the runners-up with 82.

Mr. Hughes, Mr. Stables, Mr. Danson and their colleagues are to be congratulated on their hard work in the cause of swimming for school children throughout the year.

*(c) The Sheffield Teachers' Folk Dance Club*

This club has continued to encourage the teaching and practice of folk and traditional dances in schools, clubs and institutes under the jurisdiction of the Education Committee.

The nineteenth annual week-end course was held at Chaucer Secondary School, attracting 70 teachers. The club is thriving, thanks to the efforts of Miss A. Bailey and Miss T. Ballard.

## **5. Conclusion**

In concluding this report, it is a pleasure to record appreciation of the generous help and advice received from the Director and his senior staff ; of the helpful co-operation of the Principal School Medical Officer, the Senior School Medical Officer and the staff of the School Health Service ; of the kindly assistance of the office staff and personal colleagues ; and of the friendly relationships existing with the teaching staff."